11 (11q23.3qter), affecting approximately 1 in 100,000 births. It is associated with physical and developmental abnormalities, including pre- and postnatal growth retardation, facial dysmorphism, and multiple congenital malformations. Intellectual disability and psychomotor retardation are also common, with 97% of individuals presenting with varying degrees of cognitive impairment. Autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and, in rare cases, severe psychiatric disorders like schizophrenia or bipolar disorder, may complicate the clinical picture. JS management is complex, often requiring multidisciplinary care. Partial trisomy 10q is a rare chromosomal disorder, with around 40 reported cases worldwide. It is characterized by distinctive facial features, minor physical anomalies, and possible cardiac or renal malformations, with severity depending on the duplicated region.
Objectives: The aim of this case report is to present a 13-year-old female with Jacobsen syndrome and Partial Trisomy 10q Syndrome who was diagnosed with ASD and intellectual disability (ID) who later developed psychotic symptoms.
Methods: The patient, a 13-year-old girl, was diagnosed with Jacobsen syndrome and Partial Trisomy 10q Syndrome following a neurological evaluation conducted at two months of age. Medical records were reviewed from her initial assessments to recent follow-ups.
Results: The patient has ASD and ID, with poor verbal communication, repetitive behaviours, and social isolation. A notable regression in both language and behaviour was observed after the age of 10, coinciding with her school integration. Neuroimaging showed ventriculomegaly and loss of white matter, but no active demyelination or epileptic features were found. Due to impaired attention, we suspected ADHD, and started her on methylphenidate, later changing it to atomoxetine with poor response. Due to patient's very limited speech, mental state examination was difficult. We observed that she was anxious, had hearing phenomena, and was talking in jargon, so we suspected psychotic symptoms in the form of auditory hallucinations. Treatment with Aripiprazole was initiated at doses of up to 7 mg daily, with a good response. Aripiprazole also helped to reduce social withdrawal and improve attention. Currently, the patient is maintained on a stable dose of Aripiprazole, alongside behavioural therapies and educational support.
Conclusions: This case highlights the complexity of managing young people with neuropsychiatric symptoms in patients with genetic syndromes, especially when poor language and speech skills are associated. Future research is needed to better understand the neuropsychiatric implications of JS Partial Trisomy 10q Syndrome and optimize treatment strategies for these patients.

Disclosure of Interest: None Declared

EPV0387

Physical Activity intervention effect on wellbeing and overall functioning in an CAMHS low secure service

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Introduction: Potters Bar Clinic, CAMHS LSU, Elysium Healthcare, collaborates with external physical exercise therapy provider *Psychesoma.* Psychesoma operates within two CAMHS Low Secure wards. Psychesoma works with patients who have mental health problems, ASD, and learning disabilities. Psychesoma offer person-centred group and individual sessions aiming to improve young peoples' mood state, wellbeing, and health through Physical exercise therapy.
Objectives: We study the influence of physical exercise intervention in positive well-being, psychological distress, and fatigue measures in young people receiving mental health treatment under section 3 of the MHA in a LSU environment.
Methods: The *Subjective Exercise Experience Scale (SEES; McAuley & Courneya, 1994)* is a measure of global psychological responses to exercise stimuli and is a standardised measures used in previous similar research. The SEES assesses three general categories of subjective responses to exercise stimuli: positive well-being, psychological distress, and fatigue. Each sub-scale includes 4 emotion statements, with 12 statements in total. Young people are required to rate the degree to which they feel each emotion in the present moment on a Likert-type scale (1; 'Not at all' – 7; 'Very much so').
Results: This measure is completed pre- and post- Psychesoma sessions. The data was collected by Psychesoma trainers between December 2022 and November 2023. The measure was completed 63 times in total by 11 young people. On the positive wellbeing sub-scale, the cohort had a mean pre-session score of 11.63, and a mean post-session score of 17.23, representing a 5.31 point increase in positive wellbeing. On the psychological distress sub-scale, the cohort had a mean pre-session score of 9.18 and a mean post-session score of 7.06, representing a 2.21 point decrease in psychological distress. On the fatigue sub-scale, the cohort had a mean pre-session score of 14.73 and a mean post-session score of 10.69, representing a 3.68 point decrease in fatigue
Conclusions: Data indicated that young people experience an increase in positive wellbeing and a decrease in psychological distress and fatigue immediately following Psychesoma sessions. Further research in place to explore the long term duration of these effects.

Disclosure of Interest: None Declared

EPV0390

Social determinants of youth with mild intellectual disability in outpatient care for mental health problems: a case-control study

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Introduction: Children with mild intellectual disability (MID) face specific challenges threatening their development, particular their mental health. They face a heightened risk of psychopathology (Buckley et al. ANZJP 2020; 54 970–984). This heightened susceptibility is theorized to be shaped by a complex interplay of diverse socio-demographic factors experienced by these children, collectively known as social determinants of mental health (SDOMH), include ethnicity, socioeconomic status, household conditions, family dynamics, and neighborhood deprivation (Allen et al. IJP 2014; 26 392–407).
Objectives: This study examined the collective and unique role of diverse social determinants of mental health (SDOMH) associated with mental health problems (MHP) for children with MID, compared to peers with and without MHP.

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