

young as 5 years old may suffer from the condition and middle adolescence is the most common age of onset. Children with FND are likely to have more difficulties with education and mental health disorders and have experienced more adversity in childhood such as physical, emotional, and sexual abuse. Despite the severity and chronicity of this condition, the literature about FND in children is poor. Children with FND often fall between paediatric and CAMHS services and thus understanding the condition can be better done through cases referred to specialist services. Here we aim to describe the clinical characteristics of referrals made to the sole National and Specialist paediatric liaison service which assesses and treats children with FND.

Methods: Through the South London and Maudsley NHS Foundation Trust, Electronic Patient Journey System, an electronic case record search was completed for all patients who were given a diagnosis of ICD-10 Dissociative Disorders which was made before the patients were 18 years old. From 2015–2025, a total of 196 patients were identified. Individual case records were assessed for demographic and clinical information.

Results: In the group of 196 patients, patients ranged from 7–17 years old (mean 14.11 and mode 15). Sixty-eight per cent (69) of the patients were female. Forty-nine (25%) were coded as dissociative motor disorder, 54 (27.6%) dissociative convulsions, 6 (3%) dissociative amnesia, 71 (36.2%) had mixed or unspecified dissociative symptoms. Sixty-eight per cent of patients reported comorbid anxiety symptoms and 29% of patients reported comorbid depression. Fifty-eight per cent reported experiencing bullying at school.

Conclusion: Children with FND present with a high degree of disability, psychiatric comorbidity and social adversity. A limited evidence base exists as to best practice for paediatric FND yet treatment is essential for positive outcomes in both childhood and subsequent adulthood. Further research should include controlled trials in this age group and an increase in funding specialist services.

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.

Clinical Outcomes in Children and Adolescents With Functional Neurological Disorders

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Aims: Functional Neurological Disorders (FND) are common but poorly understood causes of disabling neurological symptoms. Children with FND are likely to have more difficulties with education and mental health disorders and have experienced more adversity in childhood such as physical, emotional, and sexual abuse. Emergence of FND in childhood can predict long-standing difficulties into adulthood. Predictors of poor outcomes in adults include a long duration or very severe symptoms, comorbid depression, personality disorder, chronic pain, dysfunctional family dynamics, perceived stigma about FND and social isolation. Each of these represents potential therapeutic targets for children and adolescents with FND.

However, literature about FND in children is poor and few studies describe outcomes and optimal models of care. Here we aim to analyse outcomes of FND in children to look for clinical and demographic predictors of prognosis and potential treatment targets.

Methods: Through the South London and Maudsley NHS Foundation Trust (SLaM), Electronic Patient Journey System, an electronic case record search was completed and 196 patients were identified who had a diagnosis of ICD-10 Dissociative Disorders given before the age of 18 between 2015–2025. Of these patients, 133 have a Dissociative Disorder as their primary diagnosis. Individual case records were assessed for demographic and clinical information and outcomes were defined through case record descriptions.

Results: In the group of 133 patients, 68 (51.1%) were discharged with a favourable outcome, 13 (9.8%) were transferred to adult FND services, 5 (3.7%) were admitted as psychiatric inpatients, 11 (8.3%) discontinued treatment and outcome data is not available, 15 (11.3%) remain under the care of the specialist service for ongoing treatment. Twenty-four (18.3%) were seen for consultation but managed under non-SLaM services. Therefore, in cases with known outcomes, 68/109 (62%) were favourable. Predictors of transfer to adult FND services or psychiatric admission include comorbid self-harm and depression, duration of symptoms prior to referral to paediatric FND services and family unwillingness to accept the diagnosis of FND.

Conclusion: Evidence from this cohort would suggest that positive clinical outcomes can occur in a high number of cases. These patients appear to benefit from specialised services which may include psychoeducation, family and individual therapy and multidisciplinary working. Early diagnosis of FND and treatment of comorbid psychiatric issues may further enhance prognosis. Further controlled studies would highlight specific therapeutic targets and interventions for children with FND.

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Carers' Attitudes Towards Prescribing of Psychotropic Medications in Children and Adolescents With Intellectual Disabilities in Malta

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Aims: This study's primary aim was to explore carers' views of psychotropic medication prescribing in children and adolescents with intellectual disability (ID) followed up at Malta's Intellectual Disability Clinic (IDC). It also aimed to identify carers' views on nonpharmacological management of challenging behaviour (CB), experiences of Malta's Child IDC and perceptions of mental illness in children with ID.

Methods: A literature review was carried out to gather data on previous research on the topic. Ethical and Departmental approval were obtained. Purposive sampling was used to recruit thirteen caregivers of children and adolescents with a diagnosis of a mild, moderate, or severe ID and/or moderate or severe autism spectrum disorder who were prescribed psychotropic medication and attending the Child IDC. Semi-structured interviews were carried out using an interview guide written by the primary researcher. These were recorded digitally and then transcribed verbatim. A reflexive and inductive thematic analysis approach was taken to analyse and interpret data.

Results: Seven themes were generated, with the predominant theme being 'Medication is a necessary evil'. The other themes were 1) Medication helps them cope, 2) A last resort, 3) The doctor knows