

hypothesis was fulfilled, girls reported a significant higher prevalence than boys (19.4% and 12.9%, respectively). A significantly higher prevalence was found when suicidal intent was excluded (18.3%), than when it was not excluded (11.3%) from the definition of SIB. The largest prevalence was found when measurement instruments were used that had been validated for SIB (18.9%). A significantly higher SEB prevalence was found among Asian articles than those from other continents (19.5% and 14.7% respectively).

**Conclusions:** The current systematic review and meta-analysis draw attention to the high prevalence of SIB among adolescents, especially among girls and those living in Asia. It is important to address this behavior, in terms of prevention and intervention as well.

**Disclosure of Interest:** None Declared

## EPP0208

### Experiences of commissioning mental health services for children and young people in England: qualitative study of commissioners' perspectives

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**Introduction:** Commissioners play a central role in coordinating and planning CAMHS. However, there is little research on their experiences and approaches to understanding the needs of their populations. An improved understanding is likely to benefit the translation of research into practice, by ensuring research outputs meet the needs of key stakeholders and in optimising the sharing and use of data to improve services.

**Objectives:** To better understand commissioners' experiences of commissioning child and adolescent mental health services (CAMHS) and the challenges they face.

**Methods:** Between May to June 2023, we conducted twelve individual, semi-structured interviews with Integrated Care Board commissioners of CAMHS across England. We analysed data using framework analysis; a qualitative analysis method which involves systematically charting and organising data using a framework to generate themes.

**Results:** We generated five core themes from the data: 1) 'Reflections on role' – how commissioners' roles are informed by their background and 'positioning' within the system in which they work, 2) 'Priorities and Tensions' – the wider context in which commissioners work and how this may present challenges, 3) 'Insights and evidence' – how commissioners develop an understanding of child mental health need and the different roles of quantitative and qualitative data, 4) 'Children's mental health in the limelight' – commissioners' perceptions of changes in child mental health in their populations, 5) 'Responding to need' – how commissioners are addressing the needs of their populations and the challenges they perceive.

**Conclusions:** CAMHS commissioners are negotiating a complex and changing political, social and economic environment with differing priorities and pressures. Commissioners draw heavily on insights from providers and their role is shifting towards managing relationships and bringing the system together. A key challenge is balancing investment in prevention/early intervention

versus specialist services needed by children with more severe and complex problems.

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## EPP0209

### The effect of catastrophising on health-related quality of life in two chronic somatic illness groups among Hungarian adolescents

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**Introduction:** Psychological factors, such as emotional regulation strategies, play a crucial role in the management and care of chronic somatic health conditions among adolescents. In the existing literature, catastrophising has been associated negatively with health-related quality of life in the context of chronic health conditions in general. However, there is limited knowledge about its role in specific illness types.

**Objectives:** We aimed to evaluate the impact of catastrophising on the health-related quality of life in two distinct illness groups: diabetes and oncology, within a Hungarian sample.

**Methods:** A cross-sectional study using self-report measures was carried out, involving a total of 273 adolescents (mean age: 14.72 years, SD: 1.82 years; 50.2% females) in the two paediatric samples. The diabetes group consisted of 171 participants, while the oncology group was comprised of 102 individuals. No significant differences were found between the two chronic condition groups in terms of gender ( $\chi^2 = 116.51$ ;  $p = 0.50$ ), or mean age ( $F(-0.82; 0.77) = 1.66$ ;  $p = 0.19$ ). The short-version of the Cognitive Emotion Regulation Questionnaire (CERQ-short) was used to assess the cognitive emotional regulation strategies of the children, specifically focusing on the catastrophising subscale. Health-related quality of life was measured using the 4.0 version of the PedsQL, which included subscales for Physical, Emotional, Social, and School Functioning.

**Results:** A Hayes-moderation analysis with an interaction effect was conducted, controlling for gender, age, and the duration of the illness. A significant interaction effect was observed between catastrophising and the illness groups, impacting School Functioning ( $F(1, 243) = 4.17$ ;  $p = 0.04$ ), Physical Functioning ( $F(1, 245) = 4.67$ ;  $p = 0.03$ ), Social Functioning ( $F(1, 245) = 4.23$ ;  $p = 0.04$ ), and Emotional Functioning ( $F(1, 245) = 4.20$ ;  $p = 0.04$ ). The association between catastrophising and health-related quality of life remained stronger in the oncology group.

**Conclusions:** Catastrophising appears to be a risk factor that affects the quality of life of children facing oncology illnesses. Therefore, addressing catastrophising in interventions tailored to this paediatric illness group may be beneficial.

Keywords: catastrophising, health-related quality of life, adolescents, chronic somatic

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