

Result Respondents (n=532) were male (50.8%) and female (49.2%) whose age ranged from 13-18 years. Prevalence of physical activity was 49.59%, while sedentary lifestyle was 71.34%. We found that 39.9% of the respondents spend over 10 hours daily in school and at lessons with majority of their parents working away from home; respondents' mother whose job required them staying away from home most of the time in a day were 72.0% while 81.6% of respondents' fathers had jobs that warrant them being away from their home majority of the time in a day. The study showed a significant relationship between levels of physical activity and personal-level disposition (R-value 0.205) and environmental-level disposition (R-value 0.395) respectively at $P=0.0001$.

Conclusion Considering the low prevalence rate for physical activity among adolescents and the health risk of sedentary lifestyle, it is important to adopt a more intentional approach to intervention using health promotion tested theories adopted in this study. Such interventions should be aimed at harnessing individual interest and environmental dispositions within the context of school, home and neighbourhood.

P18 SUPPORTING YOUNG PEOPLE TO DEVELOP INDEPENDENCE IN MANAGING THEIR LONG-TERM CONDITION

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Aims Developing self-management skills is part of growing up for many young people with long-term conditions (LTCs) such as chronic kidney disease (CKD). However, young people can find it challenging to become independent at managing their LTC and there is limited evidence for how health-care professionals (HCPs) can support this process. This study aimed to find out how young people take on responsibility from their parents for managing their CKD and the HCP's role during this process.

Methods A qualitative study, using a grounded theory approach. In-depth individual and dyad interviews were conducted with nine young people aged 13-17 years old with CKD, 11 parents and ten HCPs from renal multidisciplinary teams. Participants were recruited from two UK children's renal units.

Results The transfer of self-management responsibility between young people, parents and HCPs is a fluid and bi-directional process. Both parents and HCPs view it as their 'job' and believe they have a responsibility to support the young person to become more involved in their health-care. Opposing tensions contribute to the complexity of the process, including: 1) *Timing*: parents consider the process of handing over self-management responsibility within a wider context of their child growing up and gaining independence. However, transition frameworks and statutory responsibilities impact on how HCPs support the transfer of responsibility and means that timing is service-led, rather than based on family's needs. 2) *Approach*: young people, parents and HCPs appear to have different priorities and approaches; families initially focus on what self-management activities the child can 'do', whereas

HCPs' starting point looks at what the child 'knows'. 3) *Outcome*: differing understandings and expectations around 'effective' self-management and what it means to be responsible can impact on what young people, parents and HCPs each hope to achieve.

Conclusion The parent-to-child transfer of self-management responsibility is a complex process, shaped by various tensions. Establishing positive relationships between young people, parents and HCPs through building and maintaining trust appears essential in supporting young people to develop independence in managing their LTC.

P19 EVALUATION OF A SIMULATION-BASED TRAINING PROGRAMME FOR DOCTORS AND MEDICAL STUDENTS FOR IMPROVING COMMUNICATION SKILLS WITH ADOLESCENTS IN MILITARY HEALTHCARE SETTINGS

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Aims Evaluation of a 2-day training programme aiming at improving communication skills with adolescents (age 17 to 21) in military healthcare settings of: 1. Doctors of military recruitment centers (MRC); 2. Medical students of the Israeli Medical Corp.

Methods The programme focused on health issues typical to adolescents in military service: risk behaviours; pregnancy; birth control; depression; suicide; eating disorders, as well as on communication emphasizing a dignifying approach. The first day consisted of theoretical discussions. In the second day trainees exercised communication with patients regarding the topics addressed during the first day, utilizing simulation-based workshops. The trainees encountered simulated soldiers (actors) presenting 8 different health concerns. These trainee-actor encounters were video-recorded to be screened during debriefing sessions. At the end of the training workshop trainees completed a 6-grade-Likert-scale questionnaire rating the programme's quality (actors' performance, video recordings, facilitators' contribution) and value (learning communication and clinical skills). They also rated their recommendation to include the programme in future educational courses for military doctors.

Results 118 MRC doctors were trained between 2007 and 2016. Comparing questionnaires of the first and second 5 years' periods, demonstrated increased ratings: Average rates for the workshop's quality were 4.6 and 5.4 respectively ($p=0.01$) and for its value 4.2 and 5.3 respectively ($p=0.002$). Average rates for including the programme in future courses were 4.6 and 5.5 respectively ($p=0.01$). The increase in military doctors' recognition of the significance of training in doctor-patient communication in military healthcare settings led to the implementation of such training to 4th year medical students of the Israeli Medical Corp. 184 students were trained between 2014 and 2017. The average rates for the workshop's quality and value were 5.4 and 5.1 respectively. The students suggested further similar training when they become military doctors.

Conclusions The simulation-based training programme for improving communication skills with adolescents in military healthcare settings is well appreciated by military doctors

for its quality and value, with increase in its rating in the course of 10 years. Medical students of the Israeli Medical Corp. respond similarly to the programme and express a need for further training in communication with adolescents.

P20 THE RELATIONSHIP BETWEEN A TRUSTED ADULT AND ADOLESCENT HEALTH AND EDUCATION OUTCOMES: A SYSTEMATIC REVIEW

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Aims The presence of social networks is recognised to be a protective factor for adolescents' health and wellbeing, with the role of 'trusted adults' recently coming into sharper focus. There is, however, little review-level evidence concerning such relationships. **Aims:** 1) Identify what constitutes a trusted adult. 2) Evaluate the association between trusted adults and adolescent health/education outcomes. 3) Identify how to establish/maintain trusted adult relationships.

Methods Search terms (e.g., 'trusted adult', 'natural mentor', 'supportive adult') were used to query 13 bibliographic databases. Inclusion criteria: adolescents aged 10-19 years; role of trusted adult, defined as 'someone who children and young people may turn to for help, and will take them seriously'; reports health/educational outcomes; published between 01/01/07 and 31/12/17; English language. Exclusion criteria: parenting programmes; focus on populations with specific pre-existing health/learning conditions.

Results Of 2,908 retrieved articles, 192 met inclusion criteria. Most described primary quantitative studies (136 articles, including 14 randomised controlled trials) with 25 qualitative and 18 mixed-methods studies. Four meta-analyses, six systematic reviews, and three narrative reviews were also included. Whilst there exists no universal definition of the trusted adult role, commonly observed qualities include assistance with personal emotional problems, a close emotional bond and someone that 'makes an important positive difference'. Existing quantitative evidence provides an unclear picture of the association between trusted adult presence and adolescent outcomes, with reviews predominantly finding no overall effect or small effect sizes. A number of methodological issues were identified which may, in part, explain these modest and inconclusive findings. Chiefly, quantitative studies tend to use vague definitions of the trusted adult role. Qualitative studies are less ambiguous in this respect and tend to more frequently indicate a beneficial impact of the role. Barriers and facilitators to establishing a trusted adult relationship were identified. These suggest the youth work sector is particularly well placed as a setting to establish trusted adult relationships.

Conclusion Methodological limitations in existing literature mean it is difficult to make firm conclusions on the impact of the trusted adult role on adolescent outcomes. Recommendations are proposed for future research including the use of mixed-methods approaches.

P21 SCHOOL-LEVEL PREDICTORS OF CONDUCT PROBLEMS TRAJECTORIES

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Background and aims Conduct Problems (CP) can differ in terms of continuity/desistence across different stages of life such as childhood and adolescence. Although there have been a number of research efforts to investigate individual-level factors associated with continuity/desistence of CP in adolescence, less is known about school factors that may potentially underlie continuity/desistence of CP such as school-level factors. Our aim is to systematically investigate a number of school-level factors that may predict CP trajectories while controlling for individual-level factors.

Methods We run longitudinal latent class analysis (LLCA) to identify trajectories of CP across adolescence using the Learning Together study dataset. We then investigated the role of a number of school-level factors in predicting class membership using multinomial logistic regression. We identified two classes of CP: a stable low and a moderate-high class across males and females.

Results A number of school-level factors such as student-teachers' relationships, sense of belonging to the school and participation in school activities predicted persistent patterns of CP in males and females separately. Positive school atmosphere was found to be strongly associated with a lower risk of persistent CP across males and females.

Conclusions Student-teachers' relationships, sense of belonging to the school and participation in school activities are important aspects that researchers and schools should consider when implementing prevention and intervention programs for youth with CP and antisocial behaviour.

P23 THE HEALTH OF MALAYSIA'S ADOLESCENTS: FINDINGS FROM THE GLOBAL BURDEN OF DISEASE 2017 STUDY

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Aim The epidemiological transition has resulted in a large population of adolescents in Malaysia, whose health burden is poorly described. We set out to provide a comprehensive profile of health in Malaysian adolescents to illustrate important targets for health actions.

Methods A conceptual framework for reporting health and wellbeing of Malaysian adolescents was defined to measure health outcomes, health risks and sociocultural determinants. Data from the Global Burden of Disease 2017 study were used to analyse mortality (all-cause and cause-specific