was to improve the quality of our transition service by increasing knowledge of the transition process and surpassing the NICE Quality Standard (QS140).

Methods 3 evening events have been held. We have invited 24 young people and their carers to each event. Event structure includes height and weight measurement, lung function and/or inhaler technique and appointment with Respiratory Consultant or Specialist Nurse.

Young people were seen alone as part of the consultation. They were given information, introduced to the Ready Steady Go process and questionnaires were completed. Outcome measures were based on attendance rates, questionnaire feedback and achievement of the NICE Quality Standard.

Results Attendance has been variable. Maximal rates were achieved when appointment letter and personal phone calls were used.

Clinic	June 2017	October 2017	June 2018
Attendance Rate	33%	82.4%	50%

The event was very popular with young people and their carers. After all 3 events, 100% of young people understood what transition is and our local approach. 100% of young people felt ready for transition. 100% carers understood the process of transition, felt their child is ready to build independence and found the event useful. The event provides an opportunity to deliver the NICE Quality Standard. For patients who attended, 100% have a transition plan (QS140-1), 100% have had an annual meeting (QS140-2) and 100% have been introduced to our named worker (QS140-3).

Conclusion Our model is popular with young people and their carers. This is a useful way to achieve the Quality Standard for patients in attendance but is time-consuming and labour intensive. The model can be applied to other specialties and to multi-speciality events. We hope to introduce a worker from adult services at our future events to further improve achievement of the NICE Quality Standard QS140-4.

P39 MEETING THE SEXUAL HEALTH NEEDS OF ADOLESCENTS

¹E Barr*, ¹M Rooney, ¹M Moore, ²K Zipperer. ¹Public Health, University of North Florida, Jacksonville, USA; ²Office of Healthy Schools, Florida Department of Education, Tallahassee, USA

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Aims This study assessed support for increases in sexuality education and sexual health services for both middle school and high school students. Data is essential to reinforce change in communities with limited sexuality education, services, and related policy, yet with high rates of teen pregnancy and STDs/HIV.

Methods A 22-item survey was developed after an extensive review of existing instruments and feedback from an expert panel. Questions addressed support for specific sexuality education topics and sexual health services at middle and high school levels. Through a University research-polling center, Random-Digit-Dialing methodology for landlines (26.9%) and cell phones (71.3%) was implemented. Surveys were

conducted in English and Spanish. The resulting sample included 615 completed surveys.

Results Despite wide differences in party identification, median household income, population density and racial make-up, the counties' aggregate opinions were very supportive of sexuality education and sexual health services. Of eight sexuality education topics presented, 'HIV and STDs' received the highest support (91% middle school, 96% high school) and 'Gender and Sexual Orientation' received the lowest (71% middle school, 78% high school). Of four sexual health services presented, 'Testing for STDs/HIV' received the highest level of support (61% middle school, 82% high school), while 'Providing Condoms' received the lowest (49% middle school, 69% high school). Additionally, most participants (84-90%) would allow their children to participate in grade level appropriate sexuality education, most (85-89%) support teaching both abstinence and birth control, yet almost half (47%) do not know if sexuality education is taught in their districts. Demographic differences will be presented along with participant perceptions of adolescent sexual behaviors.

Conclusions Overwhelming support for increasing efforts to improve sexual health among adolescents exists. Findings from this study can be used to advance initiatives addressing unplanned pregnancy, STD/HIV infection, healthy relationships and active consent. This data supports components of evidence-based programs and current national efforts to improve adolescent sexual health.

P40 IMPACT OF A BRIEF VIDEO TO IMPROVE NALOXONE KNOWLEDGE IN ADOLESCENTS AND YOUNG ADULTS WITH SEVERE OPIOID USE DISORDER

^{1,2}E McKnight*, ^{1,2,3}A Bonny, ^{1,2,5}S Matson, ^{1,2}C Cottrill. ¹Adolescent Medicine, Nationwide Children's Hospital, Columbus, USA; ²Pediatrics, The Ohio State University, Columbus, USA; ³The Research Institute, Nationwide Children's Hospital, Columbus, USA

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Aims Humanity has experienced several opioid crises, but none as devastating as the present one mainly affecting North America. Opioid overdose death rates among United States' youth have tripled since 1999. The aim of this study was to assess the impact of a short educational video on knowledge of naloxone for opioid overdose resuscitation among adolescents and young adults (AYA) with severe opioid use disorder.

Methods AYA receiving outpatient, medication-assisted treatment for severe opioid use disorder were provided a brief educational video when prescribed a naloxone overdose treatment kit. The video reviewed the correct signs of overdose, overdose risks, proper use of naloxone, and order of resuscitation steps. A 5-item survey assessed naloxone knowledge pre- and post-video. A self-completed survey obtained information regarding drug use and overdose experiences. McNemar's test was used to compare the proportion with correct answers pre- and post-video.

Results Of 35 participating AYA, 26 (74%) were female and 32 (91%) white, non-Hispanic. Twenty-two (65%) had witnessed a drug overdose. Of witnessed resuscitation efforts reported, 15 (43%) observed Emergency Medical Service assistance, 12 (34%) observed 'other efforts', and only 4 (11%) reported witnessing naloxone administration. Five (14%) AYA had experienced a personal drug overdose; the mean number of overdoses was 4 (± 3.32) with heroin being the most

common drug used at last overdose. Of the resuscitation methods reported at last personal overdose, none included naloxone administration. Knowledge of the correct signs of overdose was similar pre- and post-video (97% pre vs. 100% post, $p=0.32$). The proportion of responders correctly answering overdose risks (51% pre vs. 89% post, $p<0.001$), proper use of naloxone (46% pre vs. 100% post, $p<0.001$), and order of resuscitation steps (49% pre vs. 86% post, $p<0.001$) significantly improved post-video.

Conclusions Many AYA with severe opioid use disorders have witnessed overdoses, and naloxone appears to be underutilized in this population. Although overdose signs were well recognized, naloxone resuscitation mechanisms were not well understood. A brief video at time of prescription significantly improved knowledge of proper use of naloxone. Future study should investigate whether increased knowledge results in improved naloxone use.

P41 INNOVATIVE EXPERIENTIAL PROGRAMMES ADDRESSING CYBER SHAMING AND BULLYING: A WORK IN PROGRESS

^{1,2}D Hardoff*, ^{2,3,4}D Amsalem, ^{2,3,4}D Gothelf, ⁵M Shraga, ^{1,2}L Pesshach-Gelblum, ^{1,2,4}A Ziv. ¹Israel Center for Medical Simulation, Tel Hashomer, Ramat Gan, Israel; ²Chaim Sheba Medical Center, Tel Hashomer, Ramat Gan, Israel; ³Child and Adolescent Psychiatry Unit, Tel Hashomer, Ramat Gan, Israel; ⁴Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel; ⁵Openmind 360, Aviel, Israel

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Aims We describe two experiential programmes toward school shaming and bullying (S/B), aiming at prevention, identification and early intervention.

Methods Teachers attended a 2-day train-the-trainer workshop. 1st day: 8 simulation-based S/B scenarios, where communication with pupils and with parents role-played by actors was exercised. Teacher-actor encounters were video-recorded to be screened during debriefing sessions. 2nd day: Teachers were trained to conduct school discussions on S/B with other school staff, utilizing video-recordings of their own training. Teachers completed a 4-grade-Likert-scale questionnaire rating the workshop's quality, value, and relevance for approaching S/B situations, as well as open ended questions regarding their workshop's experience.

Results 91 teachers attended 6 train-the-trainer workshops. The average rates for the workshop's quality, value, and relevance were 3.86, 3.57 and 3.71 respectively. A unanimous satisfaction was expressed with a plea for further training and professional supervision. Work in progress: Following the teachers' programme, we developed an S/B experiential one-day workshop for secondary school pupils. It included: a. An Internet-based-survey regarding psychological effects of S/B; b. A child psychiatrist's talk on outcomes related to S/B victims. Perpetrator-victim characteristics were emphasized and tools for identifying and coping with S/B were suggested; c. A virtual-reality scenario (developed in collaboration with Openmind 360 Inc.) of cyber-shaming that allows the viewer to choose different pathways that may follow the shaming situation. A social worker led a discussion about the shaming scenario and the alternative pathways; d. A stage performance: a teenage boy (actor) proudly tells a friend about himself bullying another boy. He then admits being a violence victim at home. A discussion of the scenario was led by a school counselor; e. A discussion based on the results of the pupils' pre-

lecture survey and the experiential exposure in each group concluded the workshop. In the course of 2 school years 690 10th grade pupils (48 groups) attended the programme. Analysis of the pre-workshop surveys and the workshops' impact within the schools is in progress.

Conclusions Simulation-based educational programmes addressing S/B for both teachers and pupils were valued as relevant and helpful for prevention, identification and early intervention. Long-term evaluation of their effectiveness is in progress.

P42 YPAGNE – ENGAGEMENT AND INVOLVEMENT. ENSURING THE VOICE OF YOUNG PEOPLE IS HEARD

J Ball*, N Davidson. Children's Services, Newcastle Hospitals NHS Trust, Newcastle upon Tyne, UK

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Aim To imbue the voice of young people in research design and delivery in order to improve input and influence of young people (YP) in the development of clinical and public health research.

Methods YPAGne hold regular meetings, employ innovative facilitation strategies that draw on skills from youth work, patient and public involvement and engagement (PPIE) techniques and participatory design methods. YPAGne captures instant feedback from members and visiting teams using innovative technology developed with colleagues at Newcastle University. The group also adopts tight cycles of reflection to improve the YPAGne participatory approach on a month-to-month basis. Innovation is at the core of YPAGne's DNA and we have the privilege of working with a truly dynamic and thoughtful group of young innovators who want to see the health of the nation improved through their input. The success of the group is built on a strong management team which employs a distributed model of leadership and reflective practice to ensure the group continues to push boundaries and grow.

Results Research studies with PPIE involvement and engagement in YPAGne develops life skills, increases confidence, resilience and self-esteem almost by stealth. Members join out of curiosity, parent persuasion and UCAS application impact; they stay because they have an opportunity to make a difference, to be involved in decision making and are listened to.

Conclusion YPAGne has attracted the attention of not just researchers, funders and national bodies but young people from around our region are hearing about how they can make a real difference to health in their nation. Involvement in groups such as YPAGne helps young people with resilience, increases confidence and equips them with valuable skills.

P43 MODELLING THE IMPACT OF CALORIE-REDUCTION INTERVENTIONS ACROSS THE RANGE OF DEPRIVATION

SJ Russell*, S Hope, H Croker, J Packer, RM Viner. Institute of Child Health, University College London, London, UK

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Aims Given that overweight and obesity are primarily caused by an energy-rich and low nutrient diet which contributes to a positive net energy imbalance, the primary aim of this study