RISK BEHAVIOR AND PSYCHOLOGICAL WELL-BEING OF LEFT-BEHIND ADOLESCENTS IN TWO PROVINCES OF CHINA

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Aims In China around 40 million children and adolescents are left behind in rural areas by parents who migrate to cities to work. This study aimed to investigate the effects of prolonged separation from parents, and different guardianship models, on engagement in risk behaviors and psychological well-being.

Methods A cross-sectional study was conducted in migrant-sending areas of three counties in Zhejiang province and two in Guizhou in 2015. A self-completion questionnaire was administered among adolescents age 6 to 16 from 56 primary and middle schools, selected through random stratified sampling. Children’s demographic characteristics, family and social support, risk behaviors, and psychological wellbeing (using the Strengths and Difficulty Scale) were measured. Logistic regression was used to measure the effect of guardianship types on behavioral and psychological problems.

Results There were 1447 respondents in Zhejiang, and 1773 in Guizhou. The mean age was 12 (SD 2.2). 1238 children were living with both parents, and 1977 were left behind children (LBC). Of these 1025 lived with grandparents, 838 with one-parent and 114 with ‘others’ (relatives, siblings, alone). After controlling for economic status, age and gender, LBC living with others reported higher prevalence of smoking (aOR=2.01, 95%CI:1.15-3.51), skipping class (2.28, 1.28-4.06) and cheating (2.23, 1.55-3.50) than non-LBC, but there were no significant differences in drinking, going to internet cafes, stealing, bullying and fighting. Among three types of LBC guardianship, adolescents living with one parent reported lowest level of risk behaviors, and those living with ‘others’ highest. In addition, LBC living with grandparents reported more emotional problems (1.25, 1.02-1.53), LBC living with others more hyperactivity (2.15, 1.41-3.26) and fewer peer problems (0.65, 0.43-0.98), but there were no significant differences in conduct problems. Risk factors for LBC’s behavioral and psychological problems were: living in Guizhou, poor study performance, having friends involved in risky behaviors and low social support.

Conclusion Living with parents or one parent led to more favorable behavioral and psychological outcomes. Migrant parents should try to ensure that one of them stays at home to give care and guidance on a daily basis.
Co-occurrence of ADHD, ASD and/or learning difficulties was prevalent in 74% of cases. Age at first appointment was 16 years 10 months to 18 years 8 months. The only NICE quality standard met was discussion of transition care ideas with cares/parents. Majority had one appointment only. Repeat appointment was given to 5 patients. Outcome from clinic included discharge to GP (64%), referral to adult mental health services (16%), referral to Adult LD team (12%), and review by behavioural team (8%). Social worker involvement was recommended for all cases. All of them were seen in age banded clinic. Written transition plan was provided to all. 24% saw adult team before transfer, 14% had a key worker. 6% had a co-ordinated team. Holistic life skills training were discussed with all those who attended.

**Conclusion** Start of new transition clinic has facilitated transfer of Young people with neuro-developmental conditions. NICE quality standards were not met in many cases. ‘Proposed beneficial features’ are suggested in literature to improve outcomes; which we aspire to implement. We aim to start by providing a meeting with the adult team before transfer and providing a key worker/transition manager for all patients to achieve optimum transition.

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HEEADSSS: STANDARDISED ASSESSMENT TO IDENTIFY PSYCHOSOCIAL ISSUES FOR UNACCOMPANIED ASYLUM SEEKING CHILDREN

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**Aim** Unaccompanied asylum seeking children (UASC) experience psychological traumas, denying them age related cultural and developmental norms. They are at risk of significant psychosocial health problems. Identifying these health issues aids targeted interventions. This study tests feasibility of the HEEADSSS tool to identify psychosocial issues presenting at the Initial Health Assessment (IHA) for UASC.

**Method** 3 years of IHA reports of UASC were analysed using the HEEADSSS tool (Home & relationships/Education/Eating/Activities/Drugs/Sex/Self -image/harm & depression/Safety), to identify psychosocial risks. Each UASC report was matched by age and sex with one from a non UASC young person in care.

**Results** IHA reports of 64 UASC and 64 matched non UASC were used. Ethnicities: UASC 48% Afghan Pashtun, 46% Iranian Kurd. Non UASC 60% White British, 35% mixed Black/White British. Ages 11-18 years. Home: UASC 93% no family contact, 62% one deceased parent. Non UASC 95% family contact, 8% one deceased parent. Education: UASC 93% no previous formal education, 90% in UK Education with 95% >90% attendance, 94% indicated a future career. Non UASC 100% previous formal education, 72% in UK education with 65% <80% attendance, 48% indicated a future career. Eating: UASC 6% showed disordered eating. Non UASC 32% showed disordered eating. Activities: UASC 59% gym, 81% music, 37% football, 83% mosque. Non UASC 35% gym, 54% music, 64% football. Drugs: UASC 42% cigarettes, 3% drugs, 12% alcohol. Non UASC 27% cigarettes, 45% drugs, 59% alcohol. Sex: UASC 2% sexually active, 0% previous sex education, 24% history of sexual abuse. Non UASC 38% sexually active, 100% previous sex education, 15% history of sexual abuse. Self-image/harm: UASC 2% self harm, 61% low self esteem, 43% depression, 82% trauma history. Non UASC 45% self harm, 68% low self esteem, 38% depression, 68% trauma history. Safety: UASC 82% felt safe, Non UASC 56% felt safe. Overall: 87% UASC and 76% Non UASC required intervention.

**Conclusion** It is feasible to apply the HEEADSSS tool to the IHA report to collate specific psychosocial health risks for UASC, therefore enabling targeted interventions.