P68

WHAT IS THE EVIDENCE FOR INCREASED CARDIOVASCULAR DISEASE RISK IN CHILDREN AND YOUNG PEOPLE WITH EMOTIONAL MENTAL HEALTH DISORDERS?

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Aims Contemporary pathological processes leading to cardiovascular disease (CVD) are known to begin in childhood and young people (CYP), and this can be increased in a number of disease states. It is well established that mental health disorders in adults are strongly linked to CVD with increased associated mortality. Less is known about the associations between CVD risk and mental health disorders in CYP; and it is unclear whether CYP with mental health disorders have higher rates of conventional, detectable CVD risk factors (such as dyslipidaemia), or contemporary pathological processes (such as arterial stiffening). Furthermore, this important question has never been systematically reviewed. We hypothesized that CYP with emotional mental health disorders (depression or anxiety) would have higher rates of CVD risk.

Methods We performed a systematic review of the literature using PRISMA guidelines. PubMed, PsychINFO, Web of Science and Embase were searched from inception to May 2019. Searches identified papers studying associations between CVD risk (contemporary CVD risk markers such as blood pressure, lipids, insulin resistance, central adiposity; established measures of arterial stiffening; or later disease outcomes) and common emotional mental health disorders (depression or anxiety) in CYP. Studies examining obesity and mental health disorders alone were excluded.

Results Results will be presented in narrative format, separated by individual risks and mental health disorder.

P69

INQUIRY OF SOCIAL MEDIA USE IN ADOLESCENTS ASSESSED IN A CAMHS CLINIC IN UK

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Aims The Royal College of Paediatrics and Child Health (RCPCH) published guidelines (in 2019) for parents and clinicians on screen time for children and young people. The impact of social media use on a young person's physical and mental health is currently being researched. We are aware of the positive and negative effects of social media use on mental health. Negative effects can include body-image disturbances, cyberbullying, poor sleep, mood disturbances and anxiety.

The aim of the audit was to investigate whether social media usage was considered during an initial assessment (and risk assessment) of a young person in a CAMHS clinic in UK. **Methods** An Audit was completed at 3 different CAMHS clinics over a 2 month period for all initial assessments. Electronic case records (nationally used) were checked. Total number of cases reviewed were 150. The authors devised a data collection tool to check for evidence of questions asked in relation to social media usage.

A survey of all CAMHS professionals in the region was also completed to enquire if they routinely asked questions in relation to screen time and social media use during initial assessment.

Results The audit showed less than 5% of young people assessed in clinics over a 3 month period were routinely asked about their social media use during their initial assessment. Moreover, there was no proportional increase in enquiry for 'high risk' cases. The results are likely to be applicable County-wide as a single electronic record system is used.

The survey showed that social media use and associated risks were not routinely enquired. Furthermore, there were no prompts on the electronic assessment tools for professionals.

Conclusions The audit demonstrated a significantly low (almost negligent) percentage of young people (or their parents) actively asked about social media use and its impact on their mental health. Given the likely effects especially in a vulnerable population, it is important these are asked routinely.

The authors devised a simple screening tool to be part of the assessment tool on the electronic records.

Local teaching sessions were also arranged with clinicians and parent workshops were organised.

A re-audit will be completed to evaluate the impact of the training and workshops.

P71

FATAL ACCIDENTS OF CHILDREN AND ADOLESCENTS DRIVING TRACTORS IN RURAL ICELAND

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Aims Across historical periods and societies, capacity attributed to children varies. A case in point is changing views on the appropriate age of children driving tractors off-roads in Iceland where their use exploded after the World War II. Farmers had little experience in driving vehicles, and children were trusted with the task. Here we describe and analyse tractor driving of urban children who stayed on farms in Iceland during the summer, and evaluate the extent of fatal tractor accidents by age and gender.

Method Qualitative study that uses secondary data, including reports from the Administration of Occupational Safety and Health and news reports of fatal tractor accidents, and stories of individuals who were sent to stay at farms during the summer as children from the period 1950 to 2018. This is complemented with quantitative data from a representative survey data on adults who stayed on farms in childhood.

Results Stories expose adolescents' fascination with the adventurous experience of driving tractors, and about half of children who had stayed on farms in childhood had driven tractors; for boys the mean age for first driving was 11.0 years compared to 12.6 years for girls. In total 46 children (85% boys) died in a tractor accident in the period at the mean age of 10.5 years (median 11.5, range 1-17); 23 (50%) were 12-17 years of age while driving the tractor. In the period 1959-1987, when there was no age-limit for driving tractor, 1.6 out 100,000 children died in a tractor accidents compared to 0.3 in earlier and later periods.

Conclusions Driving tractors during stays on farms caused many fatalities, in particular among adolescents driving tractors. The experience of children driving tractors in Iceland exposes the diverse views on children's capacity. Preventive

actions, for example through legislation and security measures, have contributed to a sharp decline in child deaths in tractor accidents.

P72 THE ROLE OF SCHOOL EXPERIENCE IN MEDIATING THE ASSOCIATION BETWEEN CONDUCT PROBLEMS TRAJECTORIES AND NOT BEING IN EDUCATION, EMPLOYMENT OR TRAINING (NEET STATUS) AT AGE 20

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Previous research has shown that children and adolescents on different CP trajectories are exposed to a higher risk of being not in education employment or training (NEET) in young adulthood/adulthood. However, there has not been much research on factors that may mediate the association between CP trajectories and NEET status at age 20. In the present study, we investigated the role of school experience at age 14 years in mediating the association between CP trajectory group defined from age 4 to 13, namely Early-Onset Persistent (EOP), Adolescent-Onset (AO) and Childhood-Limited (CL), and Low (L) and NEET status at age 20. Using G-computation, we estimated the natural direct and indirect effects of CP trajectory group on NEET using data from ALSPAC. We found that school experience mediates the relationship between EOP trajectory and NEET status at age 20. The impact of attrition on these results was also investigated via imputation of missing values under the assumption of missing at random. These findings highlight the role of schools in potentially minimising the risk of becoming NEET in high-risk youth.

P73 'THE MIND BUBBLE'- A PATIENT EMPOWERMENT TOOL

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Aims Empower our young people and encourage self-management and advocacy -that remains the overarching principle at our diabetes clinic. A key component of this is to understand the expectations of young people and answer questions they seek answers to. By using their checklist and not our own, we may cover fewer items but are more likely to have a purposeful and eventually fruitful conversation. Our aim was to identify each patient's individual goals and tailor discussions accordingly.

Methods We distributed questionnaires, in the form of a 'mind bubble', to young people over 12 years attending paediatric diabetes clinics in our hospital over a two-month period. A 'mind bubble' is a simplified visual questionnaire designed to be user-friendly and engage with young people. Young people were asked 'What would you like to discuss today at your diabetes clinic?' and their responses were then addressed at that attendance.

Results We received 32 completed 'mind bubbles'. The most common response was for advice on hyperglycemia and hypoglycaemia management (44%). 7 responses (22%) were regarding practical advice on holidays and exercise, 6 responses

(19%) for specific questions regarding insulin pumps and infusion sets, and 3 (9%) regarding the use of associated computer programmes. 3 responses (9%) asked for education on ketones. Feedback from these were very positive specially from parents who felt their young person was empowered to articulate exactly what they wanted from us.

Conclusions The 'mind bubble' provides a practical way for young people to inform the diabetes team of their expectations for each clinic visit. The wide variety of responses highlights the challenges of engaging with young people with complex, life long conditions, and the need for patient centred care to enable our young people grow in confidence.

P74 'EDUCATION FOR ALL' IN THE ERA OF SDGS? ADOLESCENTS IN SCHOOLS IN BISSAU, GUINEA-BISSAU

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Aims Following the adoption of the Sustainable Development Goals (SDGs) 2016-2030, the health and wellbeing of adolescents are in focus for global health policy. Comprehensive investment in adolescents' health and wellbeing, including education, is estimated to generate high economic and social returns, in particular in resource-poor countries. Here the aim was to identify socio-economic determinants for school attending Bissau-Guinean adolescents aged 14-19 years.

Methods In June 2017, a survey with locally adapted and pilot tested Planet Youth questionnaire was conducted in the capital Bissau. School classes in 16 schools, both public and private, were weighted by size and randomly selected from a special registry of 114 classes with 4,470 students aged 14-19 years.

Results In total, 2,039 students completed the questionnaire (52% girls), and 52% attended public schools. The mean age of girls was 16,3 years compared to 16,4 years (median 17) for boys; girls were 1.29 times (95% CI 1.08-1.55) more likely to attend a private school compared to boys. Adolescents from better-off families were 2.10 times (95% CI 1.49-2.95) more likely to attend private school compared to those worse off. Further, those who reported speaking Portuguese (official language) in their homes were 4.13 times (95% CI 2.65-6.44) more likely to attend a private school compared to participants speaking other languages, including the lingua franca Creole. There was no statistically significant difference between adolescents in the two types of schools to report absence from school because of illness during the last months before the survey. Nonetheless, participants in public schools were 2.22 times (95% CI 1.64-2.99) more likely to skip classes one or more days in the same period compared to participants in private schools.

Conclusions In a setting of political instability, and socio-economic hardship, better-off parents choose private schools to give their children better educational opportunities than are on offer in public schools that are frequently on strike. The Bissau-Guinean 'SDG generation' needs support through better public school infrastructure and staff to improve their educational opportunities and thereby allow them to attain their full potential as adults.