

years, any at risk gambling was associated with higher depression and anxiety scores, and wellbeing scores in the lowest quartile. The adjusted odds ratios (95% CI) were highest in the moderate/problem group at 20yrs: depression 2.29 (1.28, 4.12), low wellbeing 1.61 (1.01, 2.57), involvement in crime 2.47 (1.54, 3.97), problematic use of alcohol 2.64 (1.13, 6.17), and drug use 1.79 (1.16, 2.75). Problem gamblers were more likely to have parents who gambled.

**Conclusion** Although many young people gamble without any harm, a significant minority (mainly males) show problem gambling behaviours which are associated with poor mental health, low wellbeing, and potentially harmful use of drugs and alcohol.

### 8 A BIOPSYCHOSOCIAL MODEL OF CARE FOR CHILDREN AND YOUNG PEOPLE (CYP) WITH PERSISTENT, UNEXPLAINED, PHYSICAL SYMPTOMS (PUPS)

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**Aims** PUPS are common, reported by 10–25% of CYP.<sup>1</sup> Symptoms can lead to poor function, overuse of medical resource and reduced school attendance. Co-morbid mental health problems often go unrecognised. Longer term outcomes include adult chronic physical/mental ill-health, reduced employment, high health/welfare costs.<sup>2 3</sup> We established a pilot multi professional assessment/support service to meet the needs of these CYP.

**Methods** Weekly multiprofessional meetings including paediatrician, psychiatrist, CAMHS worker, psychologist and education wellbeing advisor (EWA) to discuss cases referred by health professionals. Patient/parent consent given. Outcomes included holistic paediatric assessment, joint appointments (paediatrician and CAMHS worker/psychologist), advice and guidance (A&G) to referrer such as signposting/facilitated referral to community services. Some were offered short-term therapeutic intervention with CAMHS worker/psychologist and/or psychiatric assessment. In all cases clear communication with school was facilitated by EWA who supported school attendance; assisting re-integration and improved attendance/wellbeing at school.

**Results** Over 18 months we discussed 180 patients: 74 male, 104 female, 2 transgender. Average age 14 years. Common PUPS were musculoskeletal pain, fatigue, headaches, abdominal pain and unexplained episodes. All had reduced school attendance. 111 cases referred by Paediatricians/Allied Health professionals, 56 new GP referrals, 13 presented acutely. 106 were offered paediatric appointments. >50% were discharged with recommendations/advice to primary care/education. 25 had joint appointments. 38 were seen by psychiatrist/CAMHS worker/psychologist for assessment/therapeutic intervention. Remainder received A&G and EWA support. Cost analysis demonstrated average savings of £2600/patient in secondary care. School attendance improved for the majority with reintegration plans and reduction in use of out of school provision with associated cost savings. Referrals to tertiary services for chronic pain/fatigue were reduced and joint working with

these services was developed. Linked case examples show significant improvement.

**Conclusion** Multiprofessional assessment using a biopsychosocial approach to CYP with PUPS leads to better recognition of underlying mental illness, improved short-term functional outcomes, reduced medical costs and improved school attendance. The challenge is securing longer term funding

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### P1 SOCIO-CULTURAL PERSPECTIVES ON CONDOM USAGE INTENTIONS AND BEHAVIOURS AMONGST AFRICAN ADOLESCENT MIGRANTS IN SOUTH AFRICA

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**Background** Adolescent health has become a critical issue in the HIV intervention discourse as this particular cohort has an increased vulnerability to HIV infection, however migrant youth has an additional vulnerability due to their migrant status. African adolescents and migrant status are key population cohorts within South Africa identified as increased risk of HIV infection, sexual transmitted infection and reproductive health problems. Although increased focus into migration patterns in the South African context, not much research focused on the adolescent health of migrants. The impact of socio-cultural perspectives on condom use intentions and behaviour on migrant youth, which translate to the effect that social and cultural dynamics have on decision making processors of young people with regard to their sexual health choices and risk patterns of HIV and reproductive health.

**Objective** We examined migrant adolescent experiences of condom use in South Africa and identified socio-cultural factors influencing the condom use intentions and behaviours of migrant youth.

**Method** This qualitative study employed purposive and snowballing sampling techniques to explore with migrant youth regarding their intentions and behaviour towards condom use within their social cultural contexts. The sample included 20 African descent adolescents from Sub-Saharan African, notably from Zimbabwe, Nigeria, Congo, Cameroon, Kenya and Malawi. The mean age was 23 years with a range between 20 years to 25 years.

**Results** Findings indicated that young migrants have a good understanding of the functions of condoms and the dual protection against pregnancy and sexually transmitted infections. However, the use of condoms, even freely available, is a contested issue as socio-cultural practices and influences have an impact on the intentions and behaviour towards condom use among young migrant adolescents.

The nexus between socio-cultural norms and safe sexual choices such as condom use places young migrants' at-risk cohort with receiving countries, as they are currently outside of the realms of socio-cultural contexts, with higher education expectations and delay of marriage customs.

**Conclusion** There is a need for targeted and redesign of condom promotion programmes taking into account the current realities of transitioning young migrants who lives outside of the boundaries of current socio-cultural paradigms.

**P2** **STAFF EXPERIENCES OF WORKING WITH CHILDREN AND YOUNG PEOPLE (CYP) EXPERIENCING PERSISTENT UNEXPLAINED PHYSICAL SYMPTOMS (PUPS) IN THE CONTEXT OF A NEW BIOPSYCHOSOCIAL MODEL OF CARE**

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**Background** An estimated 10-25% of Children and Young People (CYP) experience PUPS (Hinton & Kirk, 2016). PUPS is a complex phenomenon comprising an interplay of biopsychosocial factors. Healthcare professionals working in 'physical' health settings often struggle to find a helpful way forward with this group of CYP (Furness *et al.*, 2009). This can lead to break-down in communication between families and professionals and increase medicalisation of symptoms (Furness *et al.*, 2009).

**Aims** This study aimed to explore healthcare professional's experiences of caring for CYP presenting with PUPS following the implementation of a specialist biopsychosocial MDT.

**Method** Individual, semi-structured interviews were conducted with 7 health professionals who had referred CYP into the MDT. An inductive approach to thematic analysis (TA) (Joffe & Yardley, 2004) was used to identify salient themes from the interviews.

**Findings** Two overarching themes emerged from the interviews, each of which contained numerous sub-themes. Firstly, interviewees drew attention to care for CYP presenting with PUPS being in a state of 'Disintegration' prior to the implementation of the MDT, both structurally and relationally. Interviewees went on to discuss how implementation of the MDT had allowed for greater structural and relational 'Integration'. Interviewees reflected on how increased structural and relational integration allowed space for mind-body integration for CYP.

**Conclusions** The positive experiences of professionals in this study, in addition to literature recommending a biopsychosocial approach to PPS (Lazarus, 2003) and supportive national policy (NHS England, 2016) create a strong case for a multi-disciplinary approach to caring for CYP presenting with PPS. This should include professionals with expertise in physical health, alongside those with psychological expertise and those concerned with the social welfare of CYP.

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**P3** **TWO WAY TEXT-MESSAGING IMPROVES HIV OUTCOMES FOR HIV-POSITIVE YOUTH WITH GAPS IN CARE**

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**Aims** Youth are overrepresented in the number of new HIV cases and fare worse across the HIV care continuum. To address these challenges, we implemented a text-messaging intervention to increase engagement in care and improve viral suppression (VLS) rates. The aim of this study was to determine if intervention participation increased achieving or maintaining VLS after 6 months.

**Methods** We recruited 100 HIV-positive youth receiving care in our program and meeting at least one additional criterion (newly diagnosed; not linked to care; out of care more than six months in last 2 years; viral load >200 copies/mL). The automated two-way text-messaging intervention included medication reminders, appointment reminders, a housing/utilities needs assessment and mood checks. Participant challenges reported triggered action alerts to case managers who responded via text or phone. Results were examined over 6 months.

**Results** Participants in the intervention were mostly male (79%), Black (91%), and YMSM (71%), with an average age of 24.58 (SD=2.88). Youth in our intervention group experienced trauma (29.4% reported intimate partner violence and 34.3% experienced sexual assault) and participated in survival sex (22.5% traded sex and 28.4% received payment for sex). 46.2% of participants reported alcohol use and 55.8% reported marijuana use several times per month. 81% of youth participated in 89,120 text exchanges. Text responses triggered 395 alerts. The most common alerts were for missed medication, missed appointments and housing issues. Twenty-five participants newly achieved VLS and 35 maintained VLS during the 6 months. A significantly greater proportion of participants were virally suppressed at 6 months versus baseline (p=0.018)

**Conclusion** Even with high rates of adversity experiences this two-way texting intervention improved VLS for youth and for those with gaps in care.

**P4** **USING PROVIDER TRAINING AND ELECTRONIC SCREENING AND FEEDBACK TO IMPROVE PREVENTIVE CARE FOR ADOLESCENTS IN PRIMARY CARE**

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**Aims** Emerging evidence suggests that the consistency of provider counseling can be increased through training and the use of screening tools; yet, we know little about the