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.

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

PUPS are common, reported by 10–25% of CYP. Symptoms can lead to poor function, overload 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. 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 referral 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.

REFERENCES

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.

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 breakdown 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, 2009). Interviewees went on to discuss how implementation of the MDT, both structurally and relationally. Disintegration and relational integration allowed space for mind-body integration for CYP.

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.

References