

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

downstream effect on adolescents' sense of control over their health and on their risk behaviors. This study aimed to test whether primary care provider (PCP) training on motivational interviewing together with implementation of an electronic screening and feedback tool would impact provider counseling on health risks and adolescent risk behaviors.

Methods We used a stepped wedge study design and recruited adolescents aged 13-18 from 6 clinics. In the control period, 135 youth received their usual primary care appointment. In the intervention period, 167 youth received an electronic screening and feedback tool prior to their visit, with results sent to the PCP. In between the control and intervention periods, PCPs participated in an online interactive training demonstrating motivational interviewing skills using video-based scenarios, and met to discuss clinic-level reports summarizing adolescent-reported receipt of counseling.

Youth were surveyed at baseline and three months about their health risk behaviors, and following the well-child visit regarding the receipt of counseling. We calculated the total number of behaviors counseled on divided by the total number of risk behaviors endorsed and compared across groups using chi-squared analyses. An adjusted linear mixed model was conducted to examine whether the intervention was associated with changes in the mean risk score at the 3-month assessment, adjusting for clinic, age, gender, and baseline risk.

Results Control group participants reported receiving counseling on 35% of moderate risk behaviors compared to 43% of behaviors for intervention participants ($p=0.009$). Likewise, adolescents reported receiving counseling on 23% of high risk behaviors in the control group compared to 36% of behaviors in the treatment group ($p<0.001$). The linear mixed model indicated that the intervention was associated with a 0.64 greater reduction in overall risk score at 3-month follow up, relative to the control group (95% CI: -1.03, -0.24; $p=0.002$).

Conclusion Results show promise for electronic screening and feedback and brief provider training to improve the quality and results of healthcare to adolescent patients in primary care settings.

P5 PSYCHOSOMATIC SYMPTOMS OF CHINESE ADOLESCENTS WHO ARE VICTIMS OF BULLYING

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Aims The association between bullying and mental health outcomes is well recognized in many countries, but there is little evidence from China. This study aimed to investigate whether there is an association between being bullied and psychosomatic well-being among Chinese middle school children.

Methods This cross-sectional survey study was conducted in 12-15-year-olds in Zhejiang, Henan and Chongqing provinces, representing Eastern Central and Western regions from May to September, 2018. It included two urban and two rural middle schools in each province, so 12 schools in total. Classes were randomly chosen to achieve roughly the same

sample size in each year group in each province. A self-completion questionnaire was completed by the students in the classroom setting and included: traditional bullying, cyberbullying, and classic psychosomatic symptoms of headache, abdominal pain and sleep problems. Data analyses were performed with SPSS 24.0.

Results There were 3774 completed questionnaires, and the mean age was 13.58 (SD 0.87). 567(15%) stated they had experienced only traditional bullying, 520(14%) only cyberbullying, and 645(17%) both. The commonest forms of traditional bullying were verbal bullying experienced by 1034 (27.6%) and rumour-spreading experienced by 540(14.4%). Commonest forms of cyberbullying were being teased online, 703(18.6%) and being excluded online, 690(18.5%). 491 (13.3%) reported they often had headache, 607(16.5%) abdominal pain, and 597(16.1%) sleep problems. After adjusting for confounders, we found that traditional-cyber victims (adjusted OR 1.8, 95% CI 1.4-2.1), only-traditional victims (1.4, 1.1-1.7), only-cyber victims (1.6, 1.3-2.0) were more likely to have headache. Traditional-cyber victims (adjusted OR 1.8, 95% CI 1.5-2.2), only-traditional victims (1.3, 1.0-1.5), only-cyber victims (1.4, 1.1-1.7) were more likely to have abdominal pain. Traditional-cyber victims (adjusted OR 2.0, 95% CI 1.7-2.5), only-cyber victims (1.4, 1.2-1.8) were more likely to have sleep problems.

Conclusion The prevalence of bullying victims is substantial among Chinese adolescents, and is associated with psychosomatic conditions. Measures to reduce bullying are needed in Chinese schools. There needs to be increased awareness of the harm caused by bullying.

P6 IMPROVEMENTS IN SOCIAL DETERMINANTS AND DECLINES IN ADOLESCENT PREGNANCY AND CHILD MARRIAGE IN RURAL UGANDA, 1994-2018

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Aims To identify the relationships among social determinants, public policies, behaviors, and adolescent pregnancy and child marriage – in the context of a declining HIV epidemic in the Rakai region of rural Uganda. Social determinants may influence key adolescent social transitions such as leaving school, marriage, and childbearing.

Methods Data on young women 15-19 years from 17 surveys (1994-2018) in a population-based, open cohort of households in 28 communities followed continuously since 1994. Social determinants included school enrollment, a household assets measure of socioeconomic status (SES), and orphanhood (death of one or both parents). A previously validated measure (the Pregnancy Risk Index or PRI) was used to estimate young women's risk of becoming