eating and body image were rarely discussed. 118 referrals were made as a result of HEADSS assessments; which constituted 54% of all encounters in which at least 1 category was screened. Referrals were limited in their scope, the majority being made to Social Services and safeguarding; smaller numbers were made to CAMHS, Red Thread and local Sexual Health services.

Conclusion The use of HEADSS psychosocial screening, which was largely performed by doctors, was inadequate amongst the 13 to 20 year age group. The high rate of referral when HEADSS screening was performed suggests it is of value. This data also suggests a need for multidisciplinary education around HEADSS screening, and exploration of referral pathways to other services that address the needs of young people presenting to the Emergency Department.

**P10** FEASIBILITY, ACCEPTABILITY AND EFFECTIVENESS OF YOUNG-PEOPLE SPECIFIC, INTEGRATED OUT-OF-HOSPITAL SERVICES: A SYSTEMATIC REVIEW

**Aims** Although there is a broad agreement on the need of integrated care in young people, there has been no systematic effort to evaluate the provision of integrated out of hospital health services for this group. The objective of the review was to examine the effectiveness, feasibility, and acceptability of young-people specific integrated out-of-hospital services.

**Methods** We systematically searched for relevant peer-reviewed articles published before 2018 using an iterative search strategy: Medline, EMBASE/Ovid, CINAHL Plus and CENTRAL. In addition, a hand search of reference lists and relevant topics from systematic reviews and grey literature were also performed. Data were extracted and synthesised across these three themes: (i) effectiveness, (ii) feasibility and (iii) acceptability of integrated out-of-hospital health services for young people (10-24 years).

**Results** Following title and abstract screening, 177 full text articles were reviewed and 31 studies meeting the inclusion criteria were included and summarized in a narrative review. Services offered varied across different studies. Fourteen services focused on mental health services. Other services either had a holistic focus based within primary care, provided interdisciplinary care, HIV and pregnancy prevention services or reports were unclear in their descriptions of the service focus. The most common intervention described was individual counseling. Services were generally acceptable and effective, though a small number also experienced no change or a decline in their condition. Common features of effective and acceptable programs were being youth-friendly (staff and environment) and welcoming, being staffed by young people, maintaining confidentiality and privacy, wide range of integrated services available in one place, convenient location, community-based outreach services, disease-oriented care facilitation, and within existing services, nurse/peer-led care, consistent service and collaborative governance. However inconsistency in findings was observed and quality of evidence was weak.

**Conclusion** There is some preliminary evidence on the effectiveness and acceptability of out-of-hospital integrated youth services, but, limited evidence to support the feasibility. Further research is required to evaluate the strength of such youth-focused services in order to maximise patient benefit and to inform public policy. Considering the limitations in current evidence base including lack of direct comparison of services; large comparative studies controlling for possible confounders is merited.