

collection instrument on MH admissions at paediatric wards, 3) implement a prospective reporting system of MH crisis admissions from 15 paediatric wards in England and 4) carry out a qualitative study of the experiences of CYP admitted in MH crisis at 5 paediatric wards, as well as their families and staff members caring for them. Findings will be discussed with the stakeholder group so a final ToC can be developed with outputs agreed to achieve impact.

Results Analysis of the national data and screening of the data for the rapid literature review are in progress. Results will be available at the conference.

Conclusions Primary outcomes of this study will be the characterisation of admissions for primary MH problems to acute children's wards, the co-creation of a data collection instrument, and the characterisation of the views/experiences of CYP, families and HCPs. Moreover, by producing a ToC approach, we expect to generate a system map to identify recommendations and transformation plans to share with policy-makers, commissioners, service leads, and professionals.

REFERENCES

1. Royal College of Paediatrics and Child Health. *A snapshot of general paediatric services and workforce in the UK*. Report, 2020.
2. Hudson LD, Chapman S, Street KN, et al. Increased admissions to paediatric wards with a primary mental health diagnosis: results of a survey of a network of eating disorder paediatricians in England. *Arch Dis Child*. 2021.

1843

ADMISSIONS TO PAEDIATRIC WARDS WITH A PRIMARY MENTAL HEALTH DIAGNOSIS: A RAPID REVIEW

¹Lee Hudson, ²Francesca Cornaglia, ³Faith Gibson, ⁴Gabrielle Mathews, ⁵Helen Roberts, ⁶Damian Roland, ⁵Adriana Vazquez-Vazquez, ⁵Joseph Ward, ⁷Dasha Nicholls, ³Russell Viner. ¹Population, Policy and Practice Research Programme, UCL Great Ormond Street Institute of Child Health, London, UK; ²Great Ormond Street Hospital for Children NHS Trust, London, UK; ³Queen Mary University of London, London, UK; ⁴Great Ormond Street Hospital for Children NHS Trust, London, UK; ⁵University of Surrey, Guildford, UK; ⁶CYP Transformation Team, NHS England and NHS Improvement London, London, UK; ⁷Population, Policy and Practice Research Programme, UCL Great Ormond Street Institute of Child Health, London, UK; ⁶University Hospitals of Leicester NHS Trust, Leicester, UK; ⁷Imperial College London, Faculty of Medicine, Department of Brain Sciences, London, UK

10.1136/bmjpo-2022-RCPC.21

Objectives Children and young people (CYP) presenting with a mental health (MH) crisis are frequently admitted to general acute paediatric wards as a place of safety. A recent systematic review of interventions to avoid inpatient admissions for CYP presenting in MH crisis¹ showed that evidence is poor and limited. Meaning that CYP are likely to continue to need to be admitted in crisis, with paediatric wards a common allocation whilst waiting for assessment given the lack of direct access to specialist mental health wards for most children. Anecdotal reports from within the paediatric community internationally confirm that numbers of such admissions have increased, as has acuity. Teams are increasingly caring for CYP under the Mental Health Act, using restrictive practices sometimes without mental health liaison support. Moreover, no data have been published on the outcomes for CYP, patient experience, or whether such admissions may be avoidable or better managed in other settings. Therefore, we aim to conduct a rapid review of the literature since 1990 on the impact of mental health on paediatric admissions. This rapid systematic review will also inform the Mental Health Admissions to Paediatric Wards Study (MAPS), NIHR-funded mixed methods study, the relevant evidence about the factors that influence

decisions to admit CYP to paediatric wards for primary MH problems.

Methods We will undertake a rapid review of the literature following PRISMA guidelines. We will search across four databases (PubMed, Embase, PsycINFO and Web of Science) and an additional search of Google Scholar to identify unpublished data or additional studies. Search strategies will be tailored for each database but in summary, searches will consist of search terms combining three overall domains: (admissions) AND (paediatric or children's wards) AND (mental health diagnosis/problem). We will include observational and qualitative studies, randomized and non-randomized controlled trials and reports published by professional bodies that report trends in the number of admissions, risk factors for adverse care for CYP and families during admissions, views/experiences of CYP, families and health professionals during admissions to paediatric wards and interventions that aim to improve the care of CYP and families during admissions. The results of the search will be imported into Covidence, an online software tool for systematic reviews. Duplicate records will be removed using Covidence.

Results Screening and extraction of the data are still in progress and results will be available at the conference.

Conclusions This rapid review is essential to synthesise the evidence available not only about the trends of admissions but also about the reasons for admissions, the contributing factors to the admissions, the clinical needs of CYP when admitted, and the views/experiences of CYP, families and health professionals to understand the context of care.

REFERENCE

1. Clisu D, Layther I, Dover D, Viner RM, Read T, Cheesman D, Hodges S, Hudson LD. Alternatives to mental health admissions for children and adolescents experiencing mental health crises: a systematic review of the literature. 2021. *Clin Child Psychol Psychiatry*. (in press).

1845

'PLEASE WRITE TO ME'; HOW WELL ARE CLINICIANS ADHERING TO THE GUIDANCE IN WRITING TO YOUNG PEOPLE?

Anika Choudhury, Terry Y Segal, Najette Ayadi O'Donnell. *Univeristy College Hospital*

10.1136/bmjpo-2022-RCPC.22

Objectives

Background A major theme in this project was seeing if clinicians at UCLH were providing developmentally appropriate healthcare (DAH). This is about making healthcare work for young people (YP) by recognising their changing developmental needs and the role of healthcare in addressing these. Engaging with YP in clinical practice, communication, confidentiality and seeing them alone are all key elements. The Department of Health's 'You're Welcome' quality criteria encourages clinicians to provide DAH to YP, ensuring the care they provide follows several criteria. One of the criteria relates to confidentiality and consent, which is explored in this project. Providing good written communication is also an important element of DAH. Written communication is provided through clinic letters, which are written following every consultation between a patient and their healthcare professional (HCP). The letters provide fundamental and effective collaboration and record keeping between the patient and HCP. The Academy of Medical Royal Colleges have recommended that clinic letters should change from being written to the