and 11 patients with anxiety. During the pandemic, 79 adolescents were diagnosed with an eating disorder and 37 out of the 53 were diagnosed with co-morbid depression. The majority of cases were adolescent females above 12 years of age. This study shows a 27% increase in the number of cases diagnosed with anorexia and bulimia nervosa during the pandemic. In addition, there’s a rise in the number of associated psychiatric comorbidities, including depression, anxiety, and other conditions like irritability and inattention.

Conclusions This study showed an increased rate of eating disorders and co-morbid mental health diseases in Qatar during the COVID-19 pandemic. The increase of young people with an eating disorder could be attributed to disruptions of their routines, quarantine, and interruptions of treatment. Our results agree with previous research suggesting that mental health disorders such as depression, anxiety, substance misuse, PTSD, and suicidal tendencies increase in times of economic instability and natural disasters. Long term impact must be further examined to prevent long term detrimental mental health effects on the young generation and the health care system in Qatar.

REFERENCE

Abstracts

1870 THE IMPORTANCE OF BELONGING: PATIENT CO-PRODUCTION OF A SERVICE LOGO DESIGN

1Laura Croucher, 1Terry Segal, 2Holli Shackley, 1Harrison Todd, 2Sophie Breward, 2Georgia Setchell, 1Charlotte Rosedale, 1UCLH; 2Patient at UCLH

10.1136/bmjpo-2022-RCPCH.34

Objectives Patients with functional conditions often feel unheard, isolated and disillusioned in healthcare environments. Many patients who are referred to TRACCS (the Treatment & Rehabilitation of Adolescents with Complex Conditions Service) have had negative healthcare experiences, leaving them questioning their body and the capability of professionals to help them. At TRACCS we pride ourselves in ensuring the patient voice and experience is at the heart of all we do.

Project aim: To co-produce with young people a service logo that engenders a positive healthcare experience.

Methods We commissioned a graphic design company and explained project requirements. Shortly afterwards we approached six young people who were using/had graduated from our service, asking them if they would like to be part of a focus group. Four agreed, meeting the design team via zoom sessions facilitated by the Clinical Nurse Specialist (CNS) and Clinical Fellow. The initial consultation established initial ideas, concepts and priorities. The second enabled the focus group to provide feedback on ideas that had been produced. Following this further focus group input was provided via email.

Once four final options were agreed opinions were sought from patients and staff. Over a 1-month period we canvassed the opinion of ward patients and those seen in clinic. Additionally, the CNS utilised an email bank of 300 patients asking them to feedback on the designs. We also sought the opinion of our TRACCS multi-disciplinary team via service development meetings, email and face-to-face contact.

Results

1. Initial consultation process

It was important for the design team to better understand what TRACCS means to the young people it serves. Patient recollections of how they felt at the start of their journey through TRACCS were particularly powerful. Words used included:

- collaboration
- make invisible, visible
- positive
- kind
- professional
- lifesaving
- hidden illness
- approachable
- caring
- quality
- journey
- welcoming
- what we feel is real
- uplifting
- explain unexplained

Additionally, preferences regarding typography, brand identity and visual language were sought. When design options were revised the focus group saw logos in a range of contexts such as letterheads, clothing, stationary and posters.

2. Canvassing opinions

<table>
<thead>
<tr>
<th>Abstract 1870 Table 1 Patient &amp; staff votes</th>
<th>Design 1</th>
<th>Design 2</th>
<th>Design 3</th>
<th>Design 4</th>
<th>Total responses</th>
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<td>Staff votes</td>
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</tr>
</tbody>
</table>

Patients felt design 2 had connotations of health and well-being, and was the most professional.

Conclusions

- Patient participation and engagement is key when designing services for young people. It is important our service is welcoming to the young people we treat from the outset.
- Patients and staff had different preferences. We chose the logo that patients preferred.
- Our patients were instrumental in the design and final selection process, thus ensuring they feel heard and that they matter.
- The logo will now be used on all TRACCS correspondence and on our website. In time, it is hoped staff will be able to wear badges, or wear clothing with the logo on it, and there will be merchandise for young people to purchase.

1871 ALIGNING NATIONAL AND LOCAL DATA TO PREDICT CLINIC NON-ATTENDANCE IN ADOLESCENT AND YOUNG ADULT RHEUMATOLOGY USING MACHINE LEARNING MODEL


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