Objectives
Children and young people (CYP) and their carers often have few alternatives than to come to the Emergency Department (ED) when in crisis. This survey aimed to examine the availability of services for this group of patients in UK Emergency departments in 2021, and to assess progress since the previous survey in 2018.

Methods
An online survey was distributed via email and WhatsApp groups by the Royal College of Emergency Medicine (RCEM) to all UK ED Clinical and Mental Health leads (covering 240 EDs). Participants were given one month (October 2021) to complete the survey. The survey asked about services for children and adolescents presenting to the ED with mental health problems. Questions in 2021 survey were adapted from the 2018 survey and included multiple choice and free text responses.

Results
The response rate was 23% (56 of 240 EDs) responses compared to 39% (93 EDs) in the 2018 report. 54% of respondents reported that CAMH ED services were generally poor or awful, which was unchanged from 2018 (53%). However, there was a mixed picture as 23% rated their CAMH service as good or excellent compared to 9% in 2018. Overall, 23% reported an improvement, 37% unchanged and 40% worsened service quality over the last 3 years. 62% of respondents reported the availability of a local specialist CAMH phone service. 20% of respondents reported availability of specialist CAMH services with 24/7 coverage (up from 8% in 2018) but 64% of respondents reported no service after 5pm. Half of participants indicated wait times of 12–24 hours for CAMH assessment for a CYP presenting to the ED between the hours of 3pm and 7pm. 65% reported deviation from 2013 NICE guidelines which recommend admitting CYP who are awaiting a psychosocial assessment by specialist services. 70% reported that their paediatric ED’s lacked specific areas to assess or observe CYP in crisis. Two thirds of respondents reported waiting times of over 24 hours for a tier 4 bed, with free text comments indicating that some patients have waited 5 days.

Conclusions
This survey shows slight improvements in hours of coverage for CYP in crisis, and introduction of a 24/7 CYP crisis phone line in many areas. Unfortunately, there are large numbers of patients who cannot be seen by a specialist after 5pm. There are still unacceptably long waits for assessment in many departments and shockingly long waits for mental health beds for CYP. Since 2015 more funding has been assigned to CAMH services and in many cases the rate limiting step to improving services has been the difficulty recruiting specialists. The pandemic has exacerbated the demand for CYP mental health services and more needs to be done to meet the needs of this group.
anorexia nervosa. The excellent nursing results demonstrates the introduction of the nursing pathway document makes a significant difference. We recommend a joint medical and nursing pathway document for admission including weekly medical reviews should be implemented and re-audited to reassess the documentation and adherence to guidelines, especially in light of the new MEED (Medical emergencies in eating disorders –CR233) guidelines.

Objectives Deliberate self-harm (DSH) is the act of self injury with or without suicidal intent. It continues to be a significant concern in our adolescent population.

The rates of emergency admission attendances due to self harm in adolescents rose sharply in Wales from 2011–2015. We aimed to assess the rates of DSH presenting to emergency departments in Wales over a 5 year period, which includes pre- and during COVID-19 restrictions.

Several risk factors are known to increase the likelihood of DSH, and previous DSH is known to be the strongest risk factor for future suicidal attempts. The impact of socio-economic deprivation is a known risk factor for DSH and we aimed to assess its impact on ED attendance rates for DSH in Wales.

Methods Data were gathered from an all Wales database. We identified emergency department attendances coded as DSH that presented over a five year period (2017–2021), aged 8 to 16 years old.

Results 4703 patients were included. There is a 4.9% increase in cases when comparing 2017 and 2021. However, the highest incidences were seen in children aged under 11 years old. There is a 2 fold increase in incidence of DSH in children from the two most deprived national quintiles compared to children from the two least deprived quintiles.

Conclusions The impact of Covid-19 has not resulted in a significant rise in cases of DSH presenting to emergency departments in Wales. However, DSH continues to be a serious issue for our young people. The highest incidence of DSH was seen in the lower socio-economic quintiles suggesting that intervention needs to be on a national level to address the health inequalities.

It is also important to support individuals in a timely and effective manner to prevent further sequelae of DSH such as accidental death and suicide.