

1902

CHILDREN AND ADOLESCENT MENTAL HEALTH (CAMH) SERVICES IN THE EMERGENCY DEPARTMENT: UK-WIDE ONLINE SURVEY

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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 responders 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.

1904

A RETROSPECTIVE AUDIT OF THE MANAGEMENT OF PATIENTS ON A GENERAL PAEDIATRIC WARD WITH ANOREXIA NERVOSA AGAINST MARSIPAN GUIDELINES

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Objectives The Junior MARSIPAN guidelines were created to improve the medical care of paediatric patients with severe anorexia nervosa. This audit aims to evaluate the care provided by a general paediatric ward compared to the recommendations outlined in the MARSIPAN guidelines and the completion of risk assessments.

Methods Retrospective analysis of patient notes was conducted on the most recent admission to the general paediatric ward of 10 patients with anorexia nervosa within the last 24 months. The documentation of their care was audited against a pre-made proforma based on the MARSIPAN guidelines and the MARSIPAN risk assessment. Medical notes and a nursing care pathway document were reviewed. The initial blood tests, refeeding blood and nursing care was also assessed. The inclusion criteria for this audit was any patient under the age of 18-years-old admitted in the last 24 months to the general paediatric ward. Any patients currently admitted or without a complete set of admission and inpatient medical notes were excluded.

Results 10 patients were included and a total of 434 bed days were assessed. Our results show variability in compliance with the MARSIPAN guidelines, in terms of the initial admission and the care received. On admission, 70% of the patients were reviewed by a consultant, 30% had a full MARSIPAN risk assessment and 40% had a percentage median BMI calculated. Important investigations were inconsistently completed, such as an ECG with a recorded QTc length (70%), sitting and standing blood pressure (20%), dehydration assessment (30%), and SUSS stand-squat and sit-up test (20%). Common initial blood tests such as Full Blood Count, Bone Profile and Liver Function Tests were completed for all patients, however many of the other important investigations were incomplete; for example Folate and B12 (40%), amylase (20%) and creatinine kinase (0%). 80% of the patients received daily biochemical blood tests to screen for refeeding syndrome in their first week in hospital; 100% of the refeeding blood tests included U&Es, magnesium, and phosphate levels. During their stay, 80% of patients had input from a dietitian and 100% had input from either CAMHS or a specialist eating disorder service. 20% of patients had daily consultant reviews and 30% of patients had a MARSIPAN risk assessment done during their admission, with only 10% having regular risk assessments. All patients received thiamine and vitamin supplementation. Nursing care was adherent to guidelines with 4-hourly vitals, enforced bed-rest, and supervised mealtimes for 100% of patients. 70% of patients had 4-hourly blood glucose measurements.

Conclusions The medical care documentation assessed in this audit was not compliant with MARSIPAN guidelines but nursing care was. The findings in this audit, along with national audits, suggest sub-optimal care for inpatient admissions with

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.

1905

PAEDIATRIC DELIBERATE SELF HARM ATTENDANCES TO THE EMERGENCY DEPARTMENTS IN WALES: A 5 YEAR REVIEW

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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 number of cases were seen in 2019. Higher incidences were seen in patients aged 15 years (n=1418; 30.2%) and 16 years (n=1407; 29.9%). No significant increase in incidence was 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.

1906

CASELOADS OF YOUNG PERSON UNDER COMMUNITY PAEDIATRICS WHO ATTENDS SPECIALIST SCHOOL IN NORTH EAST LONDON- WHERE ARE WE?

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Objectives

Background 16 years old and beyond is a challenging age group for community paediatric team. In specialist school, young person are often kept 18 years old and beyond. The main concern will arise, if young person needs to attend A&E, they are often seen in the Adults A&E. However, they could be complex presenting with challenging behaviour and/or complex medical background. Very often there is little information available when seen in Adult A&E.

Objectives

- Capturing the number of young person under community paediatric who attends special school over 16 years old.
- Identify the number of young person requiring transition to adult learning disability (ALD) services
- Identify reasons of not transitioning to ALD
- Identify the number of complex cases that will benefit from case summary made available to young person

Methods This is a retrospective study of reviewing case loads of young person who attends special school 16 years and over. Caseloads were extracted from school attendees' list and community paediatrics clinic list. This study was carried out in the month of August 2022.

Inclusion criteria

- Young person who was born before 01.01. 2005.
- Young person attends special school and is under community paediatrics

Exclusion criteria

- Young person who attends special school and is not under community paediatrics

Caseloads were reviewed Diagnosis and condition of the young person were identified. Number of caseloads require transition to ALD were reviewed to see if referral was done to ALD team. Reasons were identified if referral did not proceed.

As part of caseload review, number of complex caseloads were reviewed, and case summary made available to young person and/or carer.

Results We have a total of 172 patient under community paediatrics who attends special school. There are 27 caseloads who are 16 years old and above. Out of the 27 caseloads, there are 5 who are above 18 years old.

Out of the 27 caseloads, there are 5 who have chromosomal abnormalities, 9 with complex neurology background, 6 with complex neuro-disability background and 7 with challenging neurodevelopmental background such as ASD and ADHD.

All caseloads require referral to adult services. There are 4 caseloads referred to ALD services but not discharged by paediatrics team as x2 have DNA'd recent appointment, x1 is under section 20 of the children act 1989 and x1 awaiting adult neurology tertiary input. 23 of them are not referred as the referring criteria to ALD service is 18 years old and above.

Out of the 27 caseloads, 16 cases are identified as complex cases. Out of the 16 cases, 3 young person are under Section 20 of the children act 1989. These 16 caseloads will benefit from updated case summary to ensure improved transition.

Conclusions Young person with disabilities who attends special needs school is a vulnerable cohort. They require much support from the health, education, and social sectors. There is evident gap in services for young people above 16 years old. Ongoing strategy to progress is needed to ensure improvement of service for young person transitioning to ALD services.