

'Really useful to learn how to talk about difficult and tricky subjects with young people.'

Conclusions The study day met participants learning needs and covered relevant topics in adolescent health. The concept of pre-recorded virtual simulation worked well with comments that it allowed learning in a less pressured environment. Using breakout rooms for discussion and debriefing with an allocated instructor provided continuity throughout the day and ensured psychological safety of the participants

The demand and need for further training in adolescent health is there and there is evidence that this learning model is effective and could be used to roll out training across the region.

REFERENCES

1. The Mental Health of Children and Young People in England 2021, NHS Digital
2. Eating Disorders: Guidance is issued to doctors after 84% rise in past five years. *BMJ* 2022; J. Wise.

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CO-PRODUCTION OF UNIVERSITY WEBINAR FOR YOUNG PEOPLE WITH CHRONIC CONDITIONS

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Objectives This project was initiated due to an awareness that young people with long-standing chronic conditions have concerns that may prevent them from attending university. For most, university will be the first time they will experience independence and is often when they move away from their medical and past support networks.

- To co-create with patients an easily accessible, relevant, informative and welcoming session.
- To educate in order to overcome perceived barriers.
- To increase confidence in managing university.
- To increase confidence in managing a health setback at university

Methods A webinar was selected as providing easy access, question and answer facilities and the option to record.

Format of webinar We asked three expert patients, currently at university and with a chronic condition, with differing needs, to be on the panel and present what they thought would have been helpful to know when they were considering university.

The disability officer at UCL also gave a presentation about the support available during the application process and throughout their time at university.

All four of the panel were then able to take anonymous questions.

The session was advertised to patients attending the Treatment and Rehabilitation of Complex Conditions Service by email.

The session was recorded, with consent, in order to be viewed by a greater breadth of patients via a Youtube link. Due to the nature of our patients' conditions, some were unable to listen to the whole webinar. This link therefore allows flexibility for viewers.

Online questionnaires were given pre and post webinar to assess the effectiveness of the session with regard to the confidence attendees felt in managing university and setbacks.

Results 12 patients attended the webinar.

The presentations from the panel provided a wealth of advice and information about possible adjustments, strategies as well as financial and past support.

Analysis of the pre and post questionnaires showed improvement in the patients' confidence, as demonstrated by the graphs below. All patients felt confident in managing a setback at university by the end.

Graphs have not transferred here Open questionnaire data prior to the webinar showed there was concern that their health condition would not be supported. Post webinar data webinar indicated young people felt there was more support available than they were aware of.

Conclusions Patients with chronic conditions understandably have concerns when considering attending university and are likely to experience greater anxiety regarding how they will manage a big change in their lives. Co-creating this webinar with expert patients for patients ensured it was relevant.

Providing the relevant information has been shown to increase patient confidence in managing university and managing a flare-up.

Patients realise there is more support than they were aware of and learn how other patients have developed their own strategies.

Having this resource could reduce time spent with the CNS/OT in clinics addressing these concerns, so could streamline the transition process.

We all aim to provide resources and advocate to ensure equal opportunities for patients. We believe this webinar project achieves this.

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THE RELATIONSHIP BETWEEN PARENT MENTAL HEALTH AND CHILD PSYCHIATRIC DISORDER IN THE SURVEY OF MENTAL HEALTH IN CHILDREN AND YOUNG PEOPLE IN ENGLAND 2017

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Objectives Approximately 17–28% of families worldwide include a parent with mental health symptoms; their children are at elevated risk of psychopathology. The additional demands involved in caring for children with mental health disorders can influence parents' mental health, but less is known about this association. The aim of this work was to investigate the association between children's psychiatric disorder and parent mental health in a population-based probability sample of children in England and the factors that may have influenced this relationship. A better understanding of these relationships may yield insights relevant to education, clinical practice, and policymaking.

Methods Secondary analysis of the Survey of Mental Health in Children and Young People in England 2017 which included 9117 children aged 2–19 years. Multivariate logistic regression models tested for effects, mediation, and moderation. Children were diagnosed with a psychiatric disorder using the Development and Well-being Assessment [1] which includes highly structured questions about mental health conditions based on the Diagnostic and Statistical Manual 5th edition. The 12-item General Health Questionnaire (GHQ) [2] was used to assess parents' mental health.

Results More children with a psychiatric disorder had a parent in poor mental health (GHQ score of 4 or more) compared