

'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 5<sup>th</sup> 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

to children with no disorder. More parents in poor mental health had a child with a psychiatric disorder compared to parents in good mental health. This bidirectional relationship persisted for emotional disorders only. Significant correlates for both parent and child psychopathology were parents' Strengths & Difficulties Questionnaire (SDQ) impact score, whether three or more stressful life events had affected them and unhealthy family functioning. There were significantly greater odds of a child being diagnosed with an emotional disorder if they had low self-esteem (adjusted odds ratio, aOR: 8.21, 95% Confidence Interval, CI: 5.51 – 12.24,  $p < 0.001$ ) and a neurodevelopmental disorder if they had special educational needs (aOR: 21.72, 95% CI: 8.29 – 56.92,  $p < 0.001$ ). There were significantly greater odds of a parent being in poor mental health if they were unemployed (aOR: 1.94, 95% CI: 1.53 – 2.46,  $p < 0.001$ ) and had a low household income (less than or equal to £15,205) (aOR: 1.31, 95% CI: 1.10 – 1.54,  $p = 0.002$ ).

**Conclusions** We found evidence for a bidirectional relationship between child and parent mental health, particularly emotional disorders. Parent SDQ impact score has powerful predictive ability in identifying children and parents who may be struggling. Mental health should also be screened for when a child is in contact with child and adolescent mental health services. Family-based interventions are necessary to improve family functioning and mitigate adverse life events, which can have beneficial effects for both members of the dyad.

## REFERENCES

- Goldberg D. *et al.* The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine*, 1997;27(1): 191–197.
- Goodman R. *et al.* The development and well-being assessment: description and initial validation of an integrated assessment of child and adolescent psychopathology. *Journal of Child Psychology and Psychiatry*, 2000;41(5): 645–655.

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## FIRST POST-PANDEMIC ADOLESCENT ENGAGEMENT EVENT

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### Objectives

- To describe the first engagement event after the pandemic
- Obtain feedback on the services of a Paediatric and Adolescent Division in a tertiary adolescent unit.

**Methods** During a young person engagement event in August 2021, a qualitative framework was used of young services users on their opinion of their experience of a tertiary adolescent services post pandemic. 35 young people were invited with 25 who actively participated. They were divided into 5 focus groups based on their age. Multidisciplinary staff members facilitated the groups. A colour coded system was used to describe the perceived quality of the services whether they felt services were excellent or whether there were opportunities for improvement.

The holistic care concept encompassed of 6 elements:

- Medical Treatment
- Play
- Family
- Education
- Friends
- Medical Treatment

Another aspect covered was 'Safe care' and patients gave comments on areas included clinical specialism, communication, waiting times, length of stay and specialist facilities. Patients also responded on location of care whether face-to-face or online at home.

**Results** Young people felt holistic care was paramount to help navigate stages of their life and illness as they got older. This holistic care would include guidance on independence, education, career paths and employment opportunities as well as support with their illness.

Young people valued being placed on wards with people of similar age and liked having access to social media to establish their own peer support and to communicate with their team. Some young people felt being offered psychological support earlier on would be helpful in order to have strategies to help cope when issues occurred due to their conditions.

Young people felt communication with them was often via post and they did not read the letters sent to them, leaving it to their parents to digest instead. They felt it was important they were listened to and their lived experiences heard: *'Trust that even though we are children, we know ourselves'*.

Young people were fearful of transition, of turning 19 and described it as being 'ripped' away from the teams that knew them best.

Young people liked virtual appointments as they decreased waiting times and avoided long journeys to hospital which some felt was less stressful. For some, virtual appointments felt better if they knew the team member.

**Conclusions** Engagement events with young service users are key temperature checks on how services are being delivered. They help identify areas that work well but crucially areas of improvement. A move towards using social media for peer support would be supported.

Exploration of other methods of communicating clinic letters should be considered, as this was identified as an important area of change for young people to make them feel listened to and empowered about their own health and lives. Further events are planned in the future.

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## PSYCHOSOCIAL PROBLEMS AMONGST CHILDREN AND ADOLESCENTS LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS ACCESSING CARE AT THE FEDERAL MEDICAL CENTRE, KEFFI, NIGERIA

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### Objectives

- To determine the burden of psychosocial problems amongst children and Adolescents living with HIV infection and their HIV-negative age and gender-matched controls;
- To determine the correlation of psychosocial problems in children and adolescents living with HIV infection with the markers of HIV disease severity.

**Methods** A hospital-based comparative cross-sectional study in which 330 children and adolescents aged 4–17 years were recruited; HIV-infected (n=165) and HIV-uninfected (n=165). They were selected consecutively and matched for age and gender after meeting the eligibility criteria and providing consent/assent. A study-designed semi-structured