

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.

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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

questionnaire was employed to collect data on socio-demographics along with HIV-related baseline characteristics of the study participants. The full version of the self and parent report strengths and difficulties questionnaires (SDQ) was used for psychosocial well-being assessment. Data obtained were analysed using SPSS version 25. P-values < 0.05 were considered significant.

Results

- There were 196/330 (59.4%) females and 134/330 (40.6%), M: F = 1:1.5. The prevalence of psychosocial problems as defined by abnormal total difficulties scores (TDS) was 27.9% (HIV-infected) vs. 24.2% (controls); $p = 0.417$. The SDQ subgroup with the highest prevalence was the emotional problem scale and commoner amongst the adolescents as compared to the children. There were higher odds of psychosocial problems amongst the HIV-infected which were not statistically significant OR = 1.21, 95% CI: 0.74 - 1.98; $p = 0.53$. On Spearman's correlation analysis, all assessed clinical and laboratory markers of HIV disease severity were not significant correlates of psychosocial problems ($p > 0.05$).

Conclusions Although living with HIV infection may affect the psychosocial well-being of an individual, HIV does not distinctively increase susceptibility to psychosocial problems. The practice of routine psychometric screening of children and adolescents may be considered since the challenge affects a significant number of all presenting to the health care facility irrespective of their HIV status.

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SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF AUSTRALIAN MIGRANT AND REFUGEE YOUTH

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Objectives Migrant and refugee youth (MRY) in Australia face specific experiences that inform their sexual and reproductive health (SRH). Migrant and refugee communities experience poorer health outcomes, and have lower health service uptake than non-migrant counterparts. Additionally, youth are vulnerable to poor sexual health and compromised sexual and reproductive health rights (SRHR), with Australian youth being disproportionately represented in national STI rates. MRY specifically face both challenges related to belonging to marginalised migrant and refugee communities, as well as those faced by young people transitioning to adulthood. Our study aims were to use an online quantitative survey to 1) investigate MRYs' understanding of and experiences with SRHR; 2) identify the barriers and facilitators shaping SRH outcomes; and 3) examine socioecological factors that influence SRHR needs, literacy, service utilisation and access.

Methods An online survey was developed examining MRY sexual behaviour, knowledge and understanding, education, beliefs and attitudes, service utilisation and SRHR awareness. The survey was piloted with 9 MRY and revised according to feedback. A combination of multiple choice, Likert scale, and open-text questions were used. Respondents were MRY ($n = 102$) aged 15–26 years, of a migrant or refugee background, living in the Greater Western Sydney area. Snowball and purposive sampling methods were used. Preliminary descriptive

statistics were run on key demographic, sexual behaviour and service utilisation questions.

Results Most participants ($n = 72$) identified as female, with 29 identifying as male and one as non-binary. Participants identified as children of a migrant or refugee (55.9%), migrants (30.4%), or refugees (11.8%). Only 29% of respondents always used contraception to prevent pregnancy and protection to prevent sexually transmitted infections (STIs). 36% of participants never used protection to prevent STIs. Reasons given for lack of use included not needing protection if on the contraceptive pill, partners not wanting to and expense. Awareness of SRH services was low, with 63.7% reporting being unaware of any services in their area. Only 2.9% felt that current services meet the SRH needs of MRY 'very well', while 16.7% felt that their needs were met 'not well at all'. 45.1% were unaware if sexual and reproductive rights.

Conclusions Preliminary results indicate compromised SRHR in key areas: inadequate contraceptive and protection use, lack of engagement with services, and lack of rights awareness. Findings show that some MRY lack understanding of the difference between contraceptive pills and barrier protection against STIs. This further suggests deficits in SRH education and knowledge. Results indicate that SRH services are failing to engage MRY and adequately support them. Lack of awareness of services, and the inadequacy of services MRY are aware of, significantly infringes on rights to access health care. Lack of rights knowledge also limits MRY ability to articulate and action their rights. Significant changes to services are necessary to ensure that MRY are aware of services and that these services actually meet MRY needs.

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DEVELOPING THE VIOLENCE TOOL TO ASSESS RISK OF VIOLENCE AND EXPLOITATION IN GIRLS AND YOUNG WOMEN PRESENTING TO THE EMERGENCY DEPARTMENT

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Objectives The female perspective must be considered in youth violence work to ensure a gendered approach when shaping policy and developing violence reduction intervention programmes that support girls and young women. Increasing numbers of girls and young women presenting to Emergency Departments (ED) have experienced violence- and exploitation-related issues. The risk of violence and exploitation for girls and young women is poorly identified by professionals in healthcare settings and there are a lack of screening tools to assist in assessing this risk. We have developed the VIOLENCE tool (table 1) to provide a structured framework for identifying risk of violence and exploitation for girls and young women and have conducted a scoping study to assess the feasibility of piloting this tool within the ED as part of a wider project to validate its use.

Our objectives included

1. To understand the relevance and importance of the VIOLENCE tool components to professionals working within acute medical settings
2. To understand ED-based professionals' level of experience and training in assessing risk of violence and exploitation in girls and young women