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

FIRST POST-PANDEMIC ADOLESCENT ENGAGEMENT EVENT
Nizam Malik Bin Bali Mahomed, Nalayini Kumaralingam, Rossana Fazzina, Najette Aydi O’Donnell, Terry Segal, Irene O’Donnell. University College London Hospital

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 service users 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

PSYCHOSOCIAL PROBLEMS AMONGST CHILDREN AND ADOLESCENTS LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS ACCESSING CARE AT THE FEDERAL MEDICAL CENTRE, KEFFI, NIGERIA
1Grace Iheanacho, 2Obianuju Polyxena Obiekweihe, 3Godwin Adigida Adigida, 3Chinatu Nancy Ohiaeri. 1Federal Medical Centre, Keffi; 2Federal Medical Centre, Keffi; 3Federal Medical Centre

Objectives
1. To determine the burden of psychosocial problems amongst children and Adolescents living with HIV infection and their HIV-negative age and gender-matched controls;
2. 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.

**1920 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 MRY’s 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.

**1923 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