Objectives Increasingly, paediatricians see children and adolescents with mental health concerns in a variety of clinical settings. While mental health features on paediatric postgraduate training curricula nationally and internationally, previous research suggests paediatricians continue to feel ill-equipped in the assessment and management of child and adolescent mental health, in part due to insufficient training. This has been associated with suboptimal coping behaviours, such as clinicians not addressing mental health issues when they arise.

To improve access to child and adolescent mental health education, and therefore, improve mental health care for children and young people, we introduced a free child and adolescent mental health webinar series via the Paediatric Mental Health Association.

Methods Webinar topics were decided by considering mental health presentations frequently seen in clinical practice, and using the mental health themes highlighted in the RCPCH general and sub-specialty paediatric postgraduate curricula. The webinars were initially delivered fortnightly and then monthly by subject experts, including paediatricians, psychologists, and psychiatrists. While webinars were primarily aimed at paediatricians, all healthcare professionals with an interest in child mental health were welcomed.

Subject matter webinars were interspersed with webinars to promote mental health paediatrics as a specialty, enabling more junior staff to interact with those established in the field. Some webinars were held in conjunction with other special interest groups. Each webinar was evaluated using qualitative and quantitative data collection tools. In addition, attendees were asked to consider whether the webinars would change their clinical practice, and how this may occur, in keeping with level three of Kirkpatrick’s evaluation model.

Results Between June 2021 and June 2022, 18 webinars took place. There were usually 25–40 attendees from across the UK and beyond, and across different healthcare disciplines.

The webinars consistently scored highly for relevance (94.2%) and utility (93.5%), and generally scored highly for promoting change in practice (79%). When considering how the webinars would influence practice change, qualitative data suggests this would be via improved communication, clinical knowledge acquisition, development of personal clinical practice, and improved team working. Qualitative data also indicated some attendees felt attendance and engagement in webinars led to the formation of a new community, with one attendee stating the webinars ‘really made me feel like I had found my people’.

Conclusions The webinars were introduced to improve access to child and adolescent mental health education for paediatricians. We provided curriculum-aligned teaching and offered a space where staff interested in child and adolescent mental health could meet other like-minded individuals. The data collected suggests the webinars promoted behavioural change via a range of means, which we hope will translate into improved mental health care for children and young people.

REFERENCES
Conclusions The Paediatric Gynaecology Clinic at UHNMM sees a wide variety of reasons for presentation, covering physical symptoms as well as psychological and social issues. Adolescents are the predominant users of this service and the reasons for them to present to the clinic are vastly different than the pre-adolescent age group, with demand indicating there could be a need for a specialist adolescent gynaecology clinic. Menstrual disorders were the most common worry for adolescent patients, with heavy menstrual bleeding being the predominant concern and a common reason for a referral from primary care to specialist paediatric gynaecology services. Due to the variety and uniqueness of presentations to the paediatric gynaecology clinic, there is a need for both paediatric and gynaecological input for the management of adolescent patients.

**1945** BREATHE EDUCATION: DEVELOPING AN ANNUAL CENSUS OF WELLBEING IN PUPILS FROM SCHOOLS IN BIRMINGHAM UK

Colin Palmer, Paul Patterson, Helena Tuomainen. Birmingham Women’s and Children’s NHS Trust/University of Warwick; Forward Thinking Birmingham; University of Warwick.

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**Objectives** A major aim of the Breathe Education project is to develop digital infrastructure and online resources to increase earlier support for young peoples mental health and wellbeing in schools and early years settings. As part of the initial strategy we planned and initiated an annual wellbeing census of children and young people’s mental wellbeing, providing strategically useful big-data supporting early intervention and prevention practices in all primary and secondary schools in Birmingham. The pilot study, reported here, was planned as a ‘proof of concept’ to identify and address an appropriate methodology to ensure positive functionality of the bespoke survey software (Breathe Digital: www.breathe-schools.co.uk), and to explore wellbeing within the pilot schools. This work is a collaboration between staff from local NHS services; Birmingham City Council’s Public Health & Education departments; Birmingham Education Partnership and the University of Warwick.

**Methods** We developed an annual longitudinal survey of students’ wellbeing employing the bespoke survey software. It allows for the collection of wellbeing data from large cohorts of pupils, and is intended to be repeated with them and expanded to other schools over an initial 5 year period. For the pilot study, in spring/summer 2021, we recruited 11 primary and 5 secondary schools. Pupils completed the Stirling Children’s Wellbeing Scale (SCWBS, primary schools) or the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, secondary schools), along with a 4-item questionnaire on school connectedness. Demographic data was obtained from existing data available from schools.

**Results** N=3,437 participants completed the census, representing a recruitment rate of 48% of all pupils on school rolls (7,500). Across primary schools, the overall mean score for wellbeing was 46.6 (SD:8.06), higher than the population average of 43.5 (SD:6.66). Across secondary schools, the overall mean score for wellbeing was 46.8 (SD:9.2), slightly lower than the population average of 48.3. There was a significant difference between school connectedness scores for primary (Mean = 16.5, SD = 3.5) and secondary schools (Mean = 13.6, SD:3.9) t = 22.42, p<.000) with secondary schools scoring on average 2.8 lower than primary schools.

**Conclusions** The pilot project was successful in creating shared wellbeing data across different schools in Birmingham, for use as a measure to inform individual school wellbeing policies and for the creation of a regional metric for ongoing public health planning and comparison work. Despite the pressures of the COVID-19 pandemic we were able to recruit a sample of primary and secondary school pupils at similar levels to national population studies. The 2022 wellbeing census is currently being completed with involvement of over 10,000 pupils. We have demonstrated that a collaborative strategic annual census of student wellbeing can be developed as part of the intelligence infrastructure required to contribute to strategic improvement of young peoples mental health and improved targeting of health and wellbeing resources.

**1946** FOUNDING OF THE SOUTHWEST PAEDIATRIC MENTAL HEALTH NETWORK AND INAUGURAL MEETING

Alexandra Childs, James Dearden. Torbay and South Devon Foundation Trust Hospital Trust

10.1136/bmjpo-2022-RCPCH.65

**Objectives**
- To improve inter-Trust working to facilitate collaborative guidelines and resources by formulating a multi—disciplinary Paediatric mental health regional network
- To establish a multi-disciplinary working group with representation from all hospitals across the SW Peninsula with two main objectives:
  - to improve collaboration and sharing of guidelines, protocols and educational resources
  - to support the staff with the increasing prevalence and pressures within Paediatric mental health by providing a regional support network and introducing specialist healthcare workers across the region.

**Methods** Collaboration between a Paediatric trainee with specialist interest in adolescent health and mental health lead for a DGH in the South-West to formulate network. Initial contact of relevant and interested individuals via social media and email, with encouragement of members to invite professionals from all disciplines with an interest in Paediatric mental health and eating disorders. Once core group established, planning and organisation of inaugural network meeting, with main focus of day to be service development and resource sharing as opposed to primarily educational.

**Results** Multi-disciplinary regional network formulated with over 30 professionals with interest in Paediatric mental health. Increased sharing of resources, educational opportunities and information sources for both professionals and patients. Very successful inaugural face to face meeting took place in Brickhouse Vineyard, Devon with 40 multi-disciplinary professionals attending in person and an additional 45 virtually over the day. Wide mix of professionals including dieticians, psychiatrists, Paediatric clinicians, nursing staff and psychologists. Introduction to the day by interview with service users to ensure the CYP voice is at the centre of our work.

Successful inaugural meeting with; talks from key-note speakers (current state of Paediatric mental health nationally from the RCPCH mental health lead and Trauma informed care by Dr Laura Wood), resources and service development presentations, and hot-topic discussions facilitated by expert