Conclusions The Paediatric Gynaecology Clinic at UHNHM 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.

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

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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 (WEMWS, 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:6.6). 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.

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

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**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