

and social aspects of SRH, which MRY value as equally important and beneficial to their agency.

1903

QUANTIFYING EMERGENCY HOSPITAL ADMISSIONS WITH SELF-HARM IN SECONDARY SCHOOL PUPILS IN ENGLAND: WHOLE NATION STUDY OF LINKED DATA FROM HEALTH AND EDUCATION

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Objectives Potential clusters of self-harm within schools and peer groups remain a public health concern, yet there is limited evidence quantifying the burden within schools. We aimed to estimate the proportions of pupils and schools affected by self-harm between 1stSeptember 2018 and 31stAugust 2019 and to examine the characteristics of affected schools and pupils.

Methods We used data from ECHILD, a linked de-identified database of records from schools (National Pupils Database) and hospitals (Hospital Episodes Statistics) in England. For all pupils enrolled in years 7–11 (aged 11/12–15/16 years) in 2018/19 we estimated the proportion of pupils within each school and year group who had one or more emergency hospital admissions with an injury related to self-harm (including self-injury, poisoning, drug/alcohol misuse or violence) in 2018/19. We also estimated the proportion of pupils with a personal history of self-harm prior to the 2018/19 academic year. We used sex-specific multilevel logistic regression models to examine characteristics associated with self-harm including; school year, ethnic group, quintile of deprivation, a history of self-harm hospital admissions, current or historic special educational needs (SEND) provision, school size and the proportion of pupils within the school that were female.

Results A total of 0.5% (13,878 of 2,907,075) of pupils were admitted with self-harm in 2018/19. Self-harm was more common in girls (78% of all presentations were in girls) and at older ages; <0.1% of pupils in year 7 vs 0.7% in year 11. 84% (3,271 of 3,893) of schools had one or more pupils with a self-harm admission during 2018/19. Of these schools, the mean number of pupils admitted with self-harm was 4.2 (SD; 3.1). Similar results were evident for the 0.5% (14,438 of 2,907,075) of pupils with a history of self-harm admissions. In adjusted regression models self-harm was most strongly associated with a history of self-harm (girls; odds ratio and 95% confidence interval; 22.7 (21.7–24.1), boys; OR 15.8 (13.6–18.4)). In addition, pupils who were; in older school year groups, of white ethnicity, had current or historic SEND provision, had higher proportions of female peers or were in smaller schools were more likely to have a self-harm admission. Higher levels of deprivation were associated with self-harm in girls, but not consistently in boys. For both girls and boys, within school variation accounted for 6% of total variation in self-harm (intra-class correlation coefficient 0.06 (95% CI; 0.05–0.08)).

Conclusions This is the first study with national coverage of England to examine the burden of hospital admissions with self-harm within schools. Although our study identifies only the tip of the clinical iceberg of self-harm, our results indicate that the vast majority of schools are affected. Our results indicate some evidence of clustering associated with school,

however, the numbers of affected pupils within each school are relatively low, particularly among boys. Individually targeted interventions (e.g. to girls with a history of self-harm) may therefore be more effective than universal strategies for reducing self-harm admissions.

1913

REGIONAL ENGAGEMENT EVENT AS A METHOD OF SUPPORTING TRANSITION IN YOUNG PEOPLE WITH SICKLE CELL DISEASE

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Objectives Transition to adult services is recognised as a challenging time for young people (YP) with chronic conditions, associated with loss to follow up and poor health outcomes. Although evidence suggests young people with sickle cell disease (YPSGD) feel unsupported during transition, many studies highlighted lack of engagement. We organised an engagement event for children, YPSGD and their families with these objectives:

- Educate YPSGD on their health in preparation towards adulthood.
- Equip YPSGD with self-efficacy and self-advocacy skills.
- Understand the challenges of living with sickle cell disease (SCD).

Methods

- A pilot regional engagement event was held for children, YPSGD and their families in a non-clinical setting, a premier league football club, fundraised by three NHS trusts.
- It was advertised as a fun, festival-like event with a range of activities including a DJ, celebrity appearance, street dance, rap performance, choir, and outdoor games.
- Social and health education was delivered by skilled professionals through workshops, stalls, and sessions on transition, breathwork, confidence building, career advice, citizen's advice, treatment and research, dental health, complementary therapies, and inspirational stories from SC warriors.
- Attendees collected stamps in memento booklets on health education interactions.
- Thematic analysis was performed on qualitative data collected on event feedback, transition-related concerns, and experience of living with SCD.

Results 212 sickle cell warriors (59% 11–18 y/o) registered to attend with 800 of their friends and families. 123 adults and 153 CYP cared for by 11 NHS trusts attended.

We collected 64 event feedback data. 9% of responders mentioned gaining knowledge about transition.

Two transition workshops were attended by 60 people (23 carers, 26 YP and 11 health professionals). Primarily carers voiced concerns around transition which garnered discussions on themes below:

- Adult acute hospital care
- Access and support from primary care
- YP's efficacy in managing their health
- YP's ability to advocate for their health

Data on experience of living with SCD was collected from 46 CYP [21 (11–15 y/o) and 8 (16–18 y/o)] and 47 carers [12 (carers of 12–15 y/o) and 6 (carers of 16–18 y/o)].

YP and carers across the age groups had similar worries:

- Missed educational opportunities
- Disease impact on future career
- Well-being and social health
- Pain

Helpful interventions suggested

- Improved education and awareness
- Improved hospital experience
- Access to a supportive community
- Advancement in research

Conclusions

1. YPSCD are interested in educational health events in a non-clinical setting.
2. Engagement events are a platform for equipping YPSCD with skills required to transition to adult care.
3. YPSCD and their carers have similar worries about their chronic health condition.
4. Transition-specific workshops provide an opportunity for discussing issues and strategies to overcome them.
5. Workshops designed for YPSCD without their carers may be helpful to encourage participation and address their concerns.
6. Generic, disease-specific transition workshops can complement individual transition work provided by local healthcare teams.

Poster

1816

AMBULATORY BLOOD PRESSURE MONITORING FOR UNMASKING HYPERTENSION AMONG ADOLESCENTS WITH STRESS

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Objectives To identify masked hypertension amongst adolescents presenting to Paediatrics OPD with physical symptoms of stress using ambulatory blood pressure monitoring. To find the correlation of various parameters of Hypertension (Masked Hypertension, Nocturnal Hypertension, Elevated Blood Pressure) with different domains of stress amongst adolescents using adolescent stress questionnaire.

Methods Adolescents (13–18 years of age) presenting to Paediatrics OPD of AIIMS Jodhpur with somatic symptoms attributable to stress were prospectively enrolled from January 2019 to March 2020. Ambulatory blood pressure monitoring was performed on those meeting inclusion criteria to identify masked hypertension and various BP phenotypes followed by administration of a self instructed Adolescent Stress Questionnaire.

Results Seventy adolescents aged 15.78 ± 1.12 years were evaluated. There was female (1.7:1) preponderance with headache (62.9%) and pain abdomen (27.1%) being the most common identifying symptoms. The prevalence of masked hypertension, white coat hypertension and elevated BP was 12.8%, 5.7%, and 4.2% respectively as depicted in Image 1.

55.55% of these hypertensive subjects were also identified to have an abnormal nocturnal dipping pattern.

The stress of future uncertainty was the most prevalent followed by stress of school performance and school attendance. Those with elevated blood pressure had higher stress of peer pressure stress, interaction with teachers, school performance and overall stress of emerging responsibility as an adult as described in table 1. There was no significant association identified between sex, age, duration, or number of symptoms with the 10 domains of the Adolescent stress questionnaire, and hypertension among adolescents.

Conclusions Adolescents visiting health care centers with non-specific complaints might have masked hypertension and such population is at increased risk of developing hypertension in the future. ABPM may unmask various forms of hypertension amongst adolescents with somatic symptoms of stress. Early lifestyle modification and proper counseling can modify the risk of progression to sustained hypertension. The stress of future uncertainty seems to be perceived as a common cause of distress among mid-adolescence.

1820

IMPROVING KNOWLEDGE, ATTITUDE AND PRACTICE ON REPRODUCTIVE HEALTH IN ADOLESCENT GIRLS ATTENDING MONASTIC SCHOOL THROUGH INTERACTIVE HEALTH EDUCATION

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Objectives The objectives of the study was to assess improving knowledge, attitude and practice on reproductive health in adolescent girls attending monastic school (Ba Ka schools) through interactive health education.

Methods A school-based interventional study was conducted in two monastic schools situated in Mingalardon Township, Myanmar, using quantitative questionnaires and focus group discussion (FGD) during May to December, 2018. Altogether 150 adolescent girls involved in the quantitative survey and 18 participated in the qualitative study. Improvement of knowledge, attitude and practice of adolescent girls were assessed after six health education sessions by interactive small group discussion which are conducted by trained community volunteers. Six topics regarding reproductive health were puberty changes, reproductive anatomy and physiology, DOs and DON'Ts during menstruation, nutrition, hand hygiene, STIs including HIV/AIDS.

Results Proportions of age group among study population were early adolescent 80% and mid adolescent 19% and late 1%. Majority of adolescent girls showed ignorance of puberty changes, reproductive anatomy and physiology. Misperceptions of reproductive organs, fertile period, mechanisms of menstruation were observed. A variety of menstrual beliefs, taboos, dietary and behavioural restrictions are highly prevalent among adolescents.

Among the adolescent girls in this study, knowledge, attitude and practice of proper hand washing practices, knowledge about nutrition, knowledge, perception and practice about STIs and HIV/AIDS, and knowledge about contraception were also assessed.