

**Methods** Telephone interviews with focused questions on transition experience was used to obtain the data. The sample contained patients with IBD that had already been transitioned from 2020 onwards. The questions that were used was derived from the ready steady go criteria (Nagra, 2015)<sup>1</sup> and NICE guidance (NICE, 2016)<sup>2</sup> but condensed to 11 questions for the child and 3 for the parent/guardian. Qualitative data was obtained to understand more about the transition process.

**Results** 10 patients and 10 carers were contacted, of those people 6 patients and 3 carers responded. 4 patients remembered transition being introduced at the age of 15–16 years old and 2 by 17–18 years. 5 patients had a face to face consultation, 1 had a telephone call due to COVID-19 restrictions. 5 could name a healthcare professional they could contact for transition support, one person who did not. All 6 were confident on their knowledge about the condition and also to be seen independently in clinic. Only 1 patient stated to not lead a healthy lifestyle but everyone understood the risks of drugs, alcohol and smoking on their health and their condition. All 6 reported a happy mood. 2 patients rated their overall experience as very good, 2 rated their experience as good and 2 rated their experience as neither good or bad.

The qualitative data reflected positive feedback from both parties. COVID restrictions was the main cause of complaint.

**Conclusions** Overall, this study shows an overwhelming satisfaction in the transition services offered. NICE guidance was met in providing a named service provider for all and building confidence in patients. All patients were introduced to transition much later than 13–14 years of age recommended by NICE (NICE, 2016).<sup>2</sup> We need to start early with preparation for transition. In some cases pandemic disruptions have effected transition due to the reduced availability of face to face appointments. Coincidentally, 2 of the 4 patients who did not answer when contacted came from South Asian backgrounds, both with a longstanding history of missed appointments. A look into ethnic backgrounds and transition needs and attitudes may help improve the process for ethnic minorities.

## REFERENCES

1. Nagra DA. (2015). *Ready, Steady, Go*. Retrieved from <https://www.readysteadygo.net/>
2. NICE. (2016). Retrieved from <https://www.nice.org.uk/guidance/ng43/chapter/Recommendations#transition-planning>

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### YOURSTANCE: TEACHING YOUNG PEOPLE AT RISK OF SERIOUS YOUTH VIOLENCE BASIC LIFE SUPPORT AND HAEMORRHAGE CONTROL

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**Objectives** Serious youth violence (SYV) is a significant cause of injury and death among young people. YourStance is a preventative education project which endeavours to minimise morbidity and mortality caused by SYV by teaching basic life support and haemorrhage control to young people. The objectives of this evaluation are to identify characteristics of young people that attend YourStance sessions, to understand their reasons for attending, and to assess whether training sessions are beneficial for participants.

**Methods** Healthcare professionals delivered interactive teaching sessions to young people in prisons, pupil referral units and youth hubs in London boroughs with high rates of SYV. Participants completed feedback surveys at the end of each session. Data from completed surveys from June 2019 until December 2021 were analysed.

**Results** 197 participants completed feedback forms. The majority were male (75%) and black, Asian, and minority ethnic (78%). Whilst the average age was 21 years, two thirds were <15 years old (61%). Over a quarter had experienced SYV (29%) and the majority of participants in prison were SYV victims (79%). The predominant reason for attending was to gain medical skills (63%), and over half (58%) had previously been in situations where YourStance training would have been useful. Benefits of the sessions included: medical training (81%), feeling better prepared to respond to emergencies (80%), and 83% would recommend the sessions.

**Conclusions** The results provide useful information about participant demographics and motivation for attending YourStance teaching, which will help tailor future sessions towards those most at risk of SYV. YourStance is successfully preparing young people to be emergency responders in their communities, and participants find the sessions beneficial. Further research is required to investigate whether these skills are retained, and whether morbidity and mortality from SYV is affected.

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### TRENDS IN MENTAL HEALTH PRESENTATIONS OF ADOLESCENTS TO A PAEDIATRIC EMERGENCY DEPARTMENT OVER THE COVID-19 PANDEMIC

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**Objectives** The aim of this study is to observe the trends in the mental health presentations of 10 to 16-year-olds to the paediatric emergency department (ED) in Belfast over a two year period, capturing the onset and peak of the COVID-19 pandemic.

**Methods** Data was gathered on attendances to a paediatric ED between October 2019, prior to the announcement of the COVID-19 pandemic, until October 2021. Data was collected on demographics including postcode, as well as trends of the presentations including reasons for presentation, timing of presentations, and outcomes following emergency department attendance.

**Results** There were 488 presentations between the start of October 2019 and the end of October 2021, of which the ratio of male-to-female was 19.7%:80.3%. A majority (76.0%) of cases presented out-of-hours. The peak number of admissions were in May 2021 with a total of 33. The overall admission rate was 26.8% of overall presentations. Of the 131 cases which resulted in admission, 3 patients (2.3%) were referred directly to the paediatric intensive care unit (PICU). The most common cause of presentation and admission was overdose which made up 40.0% of cases.

**Conclusions** During the pandemic, the hospital saw an increase in the number of young people with mental health difficulties in ED. Peaks in presentations were noted initially at the easing of restrictions around 5 months following onset of lockdown. The data also allowed us to look at demographic