

G11 THE IMPORTANCE OF USING YOUR HEADSS: INTRODUCTION OF A PROFORMA TO IMPROVE PSYCHOSOCIAL HISTORY TAKING IN THE EMERGENCY DEPARTMENT

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Aims Psycho-social issues often have a major impact on a Young Person's health, safety and development. Our aim was to improve psychosocial history taking in our busy urban Emergency Department as a step toward overall improvement in the care of Young People within our department and wider community.

Methods We used the internationally recognised HEADSS psycho-social screening tool to audit the emergency attendance record of 60 patients aged 12–17 years, selected at random, attending the Emergency Department of our hospital in November 2016. We assessed if the psychosocial history was recorded for each HEADSS subcategory (Home and environment, Education and employment, Activities, Drugs, Sexuality and Suicide/Depression) and if it was comprehensive, adequate, inadequate or not documented. We also collected information on age, gender, diagnosis, accompaniment and whether they were seen in the Adult or Paediatric Emergency Department. Our initial assessment highlighted a need for urgent and sustained improvement. We therefore introduced an automatically pre-printed HEADSS proforma to the Emergency attendance record for all persons aged 12–17 years. Following this we audited a further 122 sets of notes in July 2017, 62 before a dedicated training sessions on HEADSS and its importance, and 60 after.

Results Prior to the proforma introduction only 3% of patients had an overall adequate psycho-social history taken. Post introduction this improved to 19% initially and again to 35% after dedicated training sessions. Areas better recorded included Home and environment and Educational and employment. Activities, Drugs, Sexuality and Suicide/Depression were more likely to be inadequately assessed. After HEADSS proforma introduction 33% of practitioners audited used it when assessing Young People. When used the overall adequacy of the psychosocial history obtained improved to 80%.

Conclusion Psychosocial histories are an important part of the assessment of Young People in the Emergency Department. Introducing a pre-printed proforma improved psychosocial history taking in our Department. Better compliance in using the proforma has the potential to drastically improve this overall. Further education and discussion around barriers to its use are required.

G12 ANTIEPILEPTIC DRUG MEDICATION: ARE WE MEETING THE INFORMATION NEEDS OF YOUNG PEOPLE?

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Aims As part of a youth voice challenge day for Takeover, young people (YP) raised concerns that medicine information leaflets are written for parents and not for the YP. The NICE guideline for the diagnosis and management of the epilepsies

recommends that YP be given information about medication and side-effects, in formats suited to their needs. improved understanding may be associated with improved concordance and positive health outcomes. A service evaluation was conducted to establish whether the information needs of YP are being met in relation to anti-epileptic drug (AED) treatment.

Methods YP aged 11–16 years within our epilepsy service, who were receiving AED treatment, were surveyed. YP with significant learning disabilities were excluded. A questionnaire was developed to assess their level of understanding, sources of information accessed, information gaps and preferences regarding information formats. YP were asked to evaluate their relevant Medicines for Children leaflet when completing questionnaires in clinic.

Results 23 of 50 eligible YP responded. 6 completed an online survey, 7 completed questionnaires in clinic and 10 returned postal questionnaires. 8 demonstrated good understanding; 8 had gaps in knowledge and 7 poor understanding. 19/23 were able to name their medication. All were able to describe the dosage regime. The majority had vague understanding about how AED treatment works, with some misperceptions. 1/3 had good knowledge of side-effects and managing missed or forgotten doses.

The majority received information from doctors (18/23). Half found this information helpful. 9 accessed no other information, 5 accessed websites, 7 leaflets, 3 sourced information from social media. The majority stated they wished to access information on websites and apps. The main information priorities for YP were how to take medication, how to manage missed medication or illness, ability to drive, length of treatment, and how it would affect the YP at school. Current leaflets were described as 'wordy' and unappealing.

Conclusion Information gaps have been identified amongst the YP surveyed. Current leaflets address some but not all of the information needs identified by YP. YP prefer to access information online. In collaboration with Medicines for Children it is hoped that an area of the website will be developed for YP.

G13 PREVALENCE AND CORRELATES OF LOW MOOD, POOR QUALITY OF LIFE AND HIGH SYMPTOM IMPACT IN ADOLESCENTS ATTENDING A TERTIARY SERVICE FOR CHRONIC FATIGUE SYNDROME/MYALGIC ENCEPHALOMYELITIS

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Background Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) is a condition characterised by persistent fatigue that reduces activity and affects everyday life. It is associated with mood disorders, such as depression and anxiety, and a reduction in quality of life.

Aims This project describes the demographic of adolescents with CFS/ME being treated at a specialist service and their mood, quality of life and symptom impact. It assesses whether sex, age, Body Mass Index, household income and illness duration are associated with low mood, poor quality of life and greater symptom impact. It investigates the similarity between the adolescents' and their parents' views of the impact of CFS/ME.

Methods 69 adolescents, (10.4–18.0 years), were assessed at their initial clinic appointment using a three-part questionnaire. Their parents received one part of this questionnaire separately. The questionnaire was comprised of three survey instruments which had been previously validated for use in adolescents. Additional data about the adolescents was collected from their clinic assessment form.

Results 69.6% of the adolescents were female, 13.0% were obese or very obese and mean illness duration was 25.3 months. 36.2% of the adolescents came from a household within the 10% most affluent in the country. Moderate, severe or extreme anxiety or depression symptoms were reported by 39.1%, severe levels of worry by 43.5% and high or very high symptom impact by 69.1%. Long illness duration was significantly associated with low mood ($p=0.006$) but no other associations were significant. There was minimal agreement between the adolescents' and parents' answers (mean kappa score=0.373) with the parents reporting CFS/ME to cause greater difficulties.

Conclusions Adolescents from high-income backgrounds are over-represented amongst adolescents attending this specialist clinic. This may represent higher prevalence or greater access to specialist services in high-income families. More than a third of adolescents attending this clinic reported significantly reduced quality of life and/or low or anxious mood symptoms; more than two thirds reported that the condition has a major impact on their daily life. Parents report CFS/ME to cause greater difficulties than their children do.

G14(P) UNDERSTANDING YOUNG PEOPLE WITH DIABETES: USING EXPERIENCE BASED CO-DESIGN TO PROVIDE A PATIENT-CENTRED DIABETES TRANSITION SERVICE

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Aim To use experience based co-design to improve the Diabetes Transition Service.

Design Young people with diabetes (type 1 and 2) managed by a district general Paediatric Diabetes Team, were invited to attend a focus group.

The focus group, held in a local café, afterschool, was facilitated by 2 members of the Paediatric Diabetes team and the Diabetes Psychologist.

A graphic designer attended to support the young people to visually explore and communicate their experiences and ideas.

Results 5 young people attended the group, ages 15–17 years. Each attendee was invited to tell their diabetes story, followed by facilitated individual and group discussions about the transition service and health and social wellbeing of young people in relation to diabetes.

Recurrent themes that emerged included: promotion of independence, consistency of care, access to information and support via email and the internet, and the desire for peer-support opportunities.

Changes in administration at the time of transition was highlighted to promote self-advocacy. The attendees strongly preferred physicians to be direct in their communication styles and to be seen individually by each member of the diabetes multidisciplinary team. They emphasised the need for after-

school appointments and agreed that the hospital was a convenient location.

The attendees were all keen on receiving information about diabetes and driving, alcohol, drugs, exam stress, contraception and pregnancy, some indicating a preference for written information (leaflets/website links) and others face to face discussions.

All attendees identified a strong desire for the team to facilitate email contact and social events with others transitioning and those who have transitioned.

100% of the young people said that they would attend another focus group.

Conclusion This focus group wants a diabetes transition service that promotes self-advocacy and independence, allows them to see the same consultant who communicates openly and directly, have access to information about how diabetes affects issues facing young people, and a service that provides them with ongoing peer-support.

Experience based co-design can ensure that diabetes transition services provide young people with a patient-centred service, that promotes ongoing health and social wellbeing well in to adulthood.

G15(P) ABSTRACT WITHDRAWN

G16(P) YOUTH PERSPECTIVE ON THE 'SEXUALITY EDUCATION: LESSONS LEARNED AND FUTURE DEVELOPMENTS IN THE WHO EUROPEAN REGION' CONFERENCE 2017

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Background and aims Comprehensive sex education is a successful intervention approach to improving the mental and physical health of children, and is a crucial factor in developing the ability of young people to exercise informed autonomy over their sexual and reproductive rights and wellbeing. It is also recognised as a safeguarding factor against child sexual exploitation. As a member of the Sheffield branch of the sex education charity Sexpression, and the FPA Youth Council, I was invited to join a youth delegation at the Sexuality Education conference to share a youth perspective on past successes and failures in the WHO European Region.

Methods Data was collected from research by WHO, and the United Nations Populations Fund amongst others, and qualitative information gathered through focus groups and fishbowl discussions with international delegates

Results Country representatives raised challenges such as misconceptions about sexuality education and a perceived drop in moral standards, questioning of the role of the school vs. parental education, political and religious resistance, and the feasibility of sustainable programmes. Presented were positive examples of primary school age targeted sex education programmes, and the use of technology to provide information to younger audiences. The youth delegation were given a chance to feed back their perspective on national and local education and health initiatives. They noted the use of 'jargon' and inaccessible language in education and services. The lack of representation from central Asia and other gender