

**Abstract G492 Table 1** Associations between early adolescent health and low educational attainment in late adolescence and NEET status in early

	Low educational attainment				Not in education, employment or training (NEET)			
	Males		Females		Males		Females	
	OR (95% CI)	P	OR (95% CI)	P	OR (95% CI)	P	OR (95% CI)	P
Long-term condition	1.53 (1.26, 1.86)	<.001	1.72 (1.40, 2.14)	<.001	1.30 (.92, 1.83)	.14	1.37 (.95, 1.97)	.09
Poor mental health	1.25 (1.01, 1.57)	.05	1.39 (1.16, 1.67)	<.001	1.72 (1.24, 2.41)	.001	1.49 (1.11, 1.99)	.008
Poor general health	1.42 (1.22, 1.65)	<.001	1.64 (1.40, 1.92)	<.001	1.36 (1.04, 1.79)	.03	1.35 (1.02, 1.79)	.03

All analyses controlled for socioeconomic status, ethnicity and early adolescent educational attainment.

### G493 HOW CAN HEALTH SERVICES EFFECTIVELY IMPROVE THE MENTAL HEALTH OF YOUNG PEOPLE LEAVING PUBLIC CARE? THE LYNC STUDY

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**Aim** To explore the mental health needs and service use of young people transitioning out of local authority care.

**Methods** A mixed-method study in one local authority. Qualitative methods included a thematic analysis of interviews with 12 care leavers with an identified mental health need and 12 relevant staff members from across the agencies involved with young people. Quantitative methods for analysing transition included screening social care and health service notes from age 15 of 40 care leavers aged 18–22 years. Analysis documented the completeness of pathway planning (adherence to national guidance), identified mental health needs (diagnoses, service involvement) and the effectiveness of CAMHS to AMHS transition (information continuity, joint working, transition planning and continuity of care).

**Results** Qualitative analysis of care leaver interviews generated four superordinate themes: overarching attitudes towards the care journey, experience of social care, experience of mental health services and recommendations. Qualitative analysis of staff interviews produces six superordinate themes: young people's lives, the transition process, system failure, professionals' understanding of mental illness, inter-agency working, capacity and limited service. Initial quantitative analysis showed that during transition young people were very mobile, expressed high mental health needs and accessed multiple mental health services with a high rate of crisis pathways. Data on the quality of transition will be analysed in December 2014 and will be available for presentation at the ASM.

**Conclusion** Care leavers with mental health problems face many transitions and felt abandoned with a poor experience of services during this time. Staff said transitions were often poorly delivered with care leavers ill-equipped to manage. They said that inter-agency working was weak, without a shared protocol or information sharing or a collaborative approach to care. Recommendations for improving transition include joint commissioning across the transition period, continuity between child and adult services, staff training, care-leavers active involvement, identification and evaluation of best practice models. Further research is

needed to develop and rigorously evaluate models of transitional care that promote mental health and wellbeing.

### G494 EXTREME CHILDHOOD OBESITY: AN EXTERNAL SIGN OF PSYCHOSOCIAL AND EMOTIONAL PROBLEMS

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**Methods** Evaluation of referrals of families referred to Tier 3 obesity service for children 4–12 years with BMI > 98<sup>th</sup> centile (or 91<sup>st</sup> centile with complexity), previously unengaged. Project ethos based in principles of systemic family psychotherapy, approached the problem following NICE 2013 guideline Childhood Obesity. Family therapist, dietician, activities specialist and paediatrician, offered a comprehensive outreach approach including home visits. Initial assessment explored causes and complications of obesity including Strengths and Difficulties questionnaire SDQ and assessment of child's mental health. Goals were set with families including parenting/family therapy. Families were seen fortnightly for 3 months, assessed 3 monthly, up to 1 year.

**Results** 144 referred: School Nursing Team (71); Community Paediatricians (37); Others (36). 120/144 (83%) met criteria for clinic. Of these 72/120(60%) accepted first appointment (no response from 20/120(16%), declined by 28/120(23%)) Ethnicity of children: White 19%, Black British/African/Caribbean 60%, Other 20%. English as additional language 33/72(46%), 9 requiring interpreter. All were >98<sup>th</sup> centile BMI. Almost all children engaged stabilised BMI z scores at 3 months. (20/23 (87%).

Frequent psychosocial factors identified included lone parent 27/72(38%); siblings/parent physically disabled;12/72(17%); no parent employed 17/72(24%), current/previous social services 12/72(17%), domestic violence 9/72(13%), parental mental ill-health:8/72(11%). Neurodevelopmental disorders included autism, Down's syndrome, ADHD, Cerebral palsy, learning disability and medical problems, plus significant behavioural difficulties.

Initial SDQ indicated substantial risk of clinical significance 19/72(26%). Two children were suicidal and self harm concerns in four. Referrals were made to social services for CIN or CP concerns (12/72) (17%).

**Conclusion** Extreme obesity in children is systemic and multi-factorial, often associated with concerning psychosocial problems in families. Paediatricians who care for children who are