

43(88%) of respondents wanted these topics to be covered during medical school. A recent survey of 56 UK paediatricians and general practitioners rated highly the importance of undergraduate knowledge of accident prevention 3.7/5 and ability to engage in health promotion 4/5.

Conclusions This study demonstrates a lack of confidence and competence among medical students to provide advice about child safety despite clinicians considering this topic essential to undergraduate knowledge. Efforts must be made to improve the quality of child safety and child health promotion advice given to parents and undergraduate training provides an ideal opportunity to develop these skills.

G500(P) EARLY NUTRITION FOR LATER HEALTH: WHY 'EARLY' SHOULD START IN PREGNANCY

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Aims

1. To research the evidence base underpinning the short and long term effects of nutritional status and insufficiency during fetal and infant life
2. To assess the knowledge base of healthcare professionals and the resources available to them and parents to optimise nutritional advice for families during this key developmental period

Methods

1. An extensive literature search and interviews with key experts in the field
2. Qualitative and quantitative surveys of 150 healthcare professionals and 1,000 mothers/mothers-to-be to understand perceptions/attitudes and the level of knowledge about the impact of nutrition and lifestyle during preconception, pregnancy, infancy and the preschool years on health outcomes.

Results

- Maternal nutritional status and BMI during preconception and pregnancy impacts on programming and development in the fetus, affecting short and long term health outcomes of mother and child
- Maternal obesity and excess gestational weight gain affects hormonal balance and increases risk of complications in pregnancy and obesity in the infant and childhood
- Maternal nutritional status and type of infant feeding affects growth, bone health, risk of some infections and atopic disease in children with a family history of allergy
- Knowledge base and training of some HCPs is inadequate and most would welcome more training and consultation time
- Weighing during pregnancy, calculating pre pregnancy BMI and advising on suitable gestational weight gain is not routine
- Advice on healthy eating and supplementation to ensure adequate intakes of folate, vitamin D, iodine, iron and omega 3 during preconception and pregnancy is not routine
- Mothers would welcome more advice and support during preconception and, pregnancy and on early life nutrition

Conclusion Families need updated, consistent evidence based information on nutrition and weight management preconception, during pregnancy and early life and HCPs need more time, resources and training to effectively deliver this.

G501(P) TO ASSESS THE FUNCTIONAL STATUS, SOCIAL HABITS, AND WORRIES IN A GROUP OF UNACCOMPANIED REFUGEE AND ASYLUM-SEEKING MINORS AND THE IMPLICATIONS OF THESE ON HEALTH BEHAVIOUR AND MENTAL HEALTH

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Method Unaccompanied minors used a colour sticker system to answer questions about their abilities, function, social habits and desires, and worries during contact sessions with local charity.

Results "I worry about....feeling sad all the time" 83% respondents

"I worry about....not being able to sleep" 92% respondents

"I worry about....having nightmares" 66% respondents

"I worry about....the police" 50% respondents

"I worry about....my health" 42% respondents

55% described difficulty accessing health services

42% interviewed said that if they had a problem they would definitely share it with only 1 person, or no-one.

Conclusions The NHS is currently facing a crisis in providing mental health for young people-many young people with acute mental health needs are unable to access CAMHS beds in the wider area.

Our study has highlighted the potential for mental health problems in a group of young adults where 'feeling sad', 'nightmares' and 'not sleeping' are common occurrences. It is well documented that access to mental health services to asylum seekers during the resettlement period is very poor, however these unaccompanied minors are at further risk as they are on their own and often living with unknown adults and in undesirable accommodation. Protective factors to refugee/asylum seeking children have been documented as good settlement and social support in new country. However, for this specific group of children this is stability they often lack, putting them at further risk.

Studies and recent highly publicised reports have found that children in care are at higher risk of physical and sexual abuse and mental health problems, our study found that 16% would not feel comfortable sharing a problem with anyone, and a further 25% would only share it with 1 named role.

Ensuring a proactive approach to mental health in this community is key, small specialist organisations are vital for providing additional support to these unaccompanied minors, providing stability and facilitating positive, trusting relationships with adults.

G502(P) RISK ASSESSMENT OF CHILDREN WITH EATING DISORDERS: A RETROSPECTIVE ANALYSIS OF INPATIENT ADMISSIONS

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Background In 2012 the Royal College of Psychiatrists published the Junior MARSIPAN guideline on the management of anorexia nervosa in patients under 18 years of age. A risk assessment framework was proposed at this time to aid identification of patients at risk of serious complications.