Abstracts

**G503(P)** A 3 YEAR STUDY OF PAEDIATRIC MENTAL HEALTH ADMISSIONS TO A GENERAL PAEDIATRIC WARD

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**Aims** The increasing prevalence of mental health problems is a well-recognised phenomenon in the paediatric population. While there are reviews of presentations to accident and emergency and to in-patient psychiatric hospitals, there are few studies of child mental health admissions to a general paediatric ward. The aim of this study was to investigate the prevalence of mental health conditions on a general medical paediatric ward and care pathways once admitted.

**Method** A retrospective case note study was performed of all cases admitted to a general paediatric ward between March 2011 and March 2014 in a district general hospital that required psychiatric review. Time of presentation, reason for presentation and admission, waiting time for psychiatric review, outcome of review and length of stay were all recorded, as well as the mental health background of those who presented.

**Results** 201 cases were identified, the youngest was 9 years old and the median age was 15 years. Mental health admissions have increased from 38 between March 2011 and February 2012 to 93 from March 2013 to February 2014. The most common reason for presentation (58%) was overdose, followed by suicidal ideation (15%) and self-harm (11%), (Figure 1). Sixty percent of these admissions occur out of hours. 76% of children who present are already known to the Child And Adolescent Mental Health Service (CAMH). Of children admitted to the ward 49% required CAMH review only. Of these reviews, 16% occurred the same day as admission, 51% the following day and 33% waited more than a day for review. The most common outcome of review was discharge with CAMH follow up as an outpatient (73%).

**Conclusion** Mental health admissions to the general paediatric ward increased in our population, reflecting the national trend. Most of these admissions occurred out of hours when there is no specialist child mental health cover. As a consequence of this most children did not see a physician with expertise in mental health on the day of admission. Most admissions were discharged with ongoing mental health follow up adding to the burden placed on CAMH.

**G504(P)** BELOW THE TIP OF THE ICEBERG – LIFE BEFORE TIER 3. A STUDY OF MENTAL HEALTH PROVISION IN SCHOOLS

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**Background** Due to lack of funding in the local borough, there is no formal Tier 2 clinical CAMHS (Child and Adolescent Mental Health Services). Tier 3 CAMHS will see children with severe mental health disorders, however those that don’t meet the thresholds have to be supported by schools, children’s services and charitable organisations.

**Aims** To find out what type of mental health support is provided in schools and to understand schools perspectives on this topic.

**Method** All 48 state schools in the local borough were emailed an electronic survey. The survey requested quantitative and qualitative responses. Qualitative responses were analysed thematically.

**Results** 21/48 (44%) schools responded. 90% had a counselling service but 42% of service providers did not have mental health training. The most common problem encountered by services was Anxiety and Depression (89%). 53% of schools expressed difficulties with the onward referral process to Tier 3 CAMHS. 21% of schools mentioned concern with the level of skills within their own service including lack of diagnostic abilities, as well as

**Figure 1**