is unsustainable and requires a radical community-based approach. We coproduced a community outreach project to:

- Educate and improve parents' confidence to deal with childhood illnesses and injuries.
- Decrease anxiety-related and avoidable A&E attendances by signposting alternative NHS services.
- Develop social support structures.

Method Paediatric staff invited families with: children under 1 year, limited social support or partial understanding of health-care systems to collaborate on developing a programme of health education and social support. We facilitated groups discussing childhood illnesses and parental concerns. Parents reported 'fear of death' so we devised a programme including basic life support training. An online social network, local events, holiday sessions and weekly support groups were established to help address isolation and social inequalities. To expand our impact we contacted frequent A&E attenders, invited expectant parents, approached local health visitors and advertised through local GPs, schools and libraries.

Results Between May and June 2019 we ran four 1-hour sessions on common childhood problems each attended by 6–12 parents. 100% of parents reported increased learning and 100% joined the 'ABC Parents' WhatsApp group for ongoing support.

Between May and October 2019 we conducted four free workshops delivering BLS, illness prevention, and health services education. Over two 3-hour sessions parents discussed child health concerns, experiences and services awareness. Out of 70 attendees, 97% reported feeling confident in managing childhood illnesses and 94% were more aware of local services and how to access them after the courses. To date there are 19 known avoided A&E attendances, with parents delivering care at home or using other NHS services.

Conclusion Coproduction with parents and collaboration with local organisations is a powerful and mutually beneficial mission. We increased parental health knowledge, confidence and avoided unnecessary A&E attendances. Our ABC Parents network is 'Achieving Better Communities of Parents' by providing support, resource signposting, poverty advice and our champions are expanding this paediatric community outreach for healthier children's futures.

G256(P) ABSTRACT WITHDRAWN

Paediatric mental health association and british association of paediatricians in audiology (BAPA)

G257 A BIOPSYCHOSOCIAL MODEL OF CARE FOR CHILDREN AND YOUNG PEOPLE (CYP) WITH PERSISTENT, UNEXPLAINED, PHYSICAL SYMPTOMS (PUPS)

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Aims PUPS are common, reported by 10–25% of CYP.¹ Symptoms can lead to poor function, overuse of medical resource and reduced school attendance. Co-morbid mental health problems often go unrecognised. Longer term outcomes include adult chronic physical/mental ill-health, reduced employment, high health/welfare costs.^{2 3}

We established a pilot multi professional assessment/support service to meet the needs of these CYP.

Methods Weekly multiprofessional meetings including paediatrician, psychiatrist, CAMHS worker, psychologist and education wellbeing advisor (EWA) to discuss cases referred by health professionals. Patient/parent consent given. Outcomes included holistic paediatric assessment, joint appointments (paediatrician and CAMHS worker/psychologist), advice and guidance (A&G) to referrer such as signposting/facilitated referral to community services. Some were offered short-term therapeutic intervention with CAMHS worker/psychologist and/or psychiatric assessment. In all cases clear communication with school was facilitated by EWA who supported school attendance; assisting re-integration and improved attendance/wellbeing at school.

Results Over 18 months we discussed 180 patients: 74 male, 104 female, 2 transgender. Average age 14 years. Common PUPS were musculoskeletal pain, fatigue, headaches, abdominal pain and unexplained episodes. All had reduced school attendance. 111 cases referred by Paediatricians/Allied Health professionals, 56 new GP referrals, 13 presented acutely. 106 were offered paediatric appointments. >50% were discharged with recommendations/advice to primary care/education. 25 had joint appointments. 38 were seen by psychiatrist/CAMHS worker/psychologist for assessment/therapeutic intervention. Remainder received A&G and EWA support.

Cost analysis demonstrated average savings of £2600/patient in secondary care. School attendance improved for the majority with reintegration plans and reduction in use of out of school provision with associated cost savings. Referrals to tertiary services for chronic pain/fatigue were reduced and joint working with these services was developed. Linked case examples show significant improvement.

Conclusion Multiprofessional assessment using a biopsychosocial approach to CYP with PUPS leads to better recognition of underlying mental illness, improved short-term functional outcomes, reduced medical costs and improved school attendance. The challenge is securing longer term funding.

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G258 ENGAGING A COMMUNITY IN SUPPORTING THE MENTAL HEALTH OF YOUNG PEOPLE

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Introduction With increasing levels of psychological distress in adolescents, it is even more important that teachers know how to identify, support and refer young people facing mental health difficulties. The catchment area of our hospital includes a significant population of young people attending Jewish faith schools. We describe how our service developed an inclusive, social and hands-on approach to improving the confidence and knowledge of schools within this population addressing issues surrounding mental health.

Method Teachers from nine Jewish schools located within the hospital's catchment area were invited to attend a Mental Health Seminar, delivered by a multidisciplinary team of psychiatrists, psychologists and teachers from the Hospital School experienced in matters of mental health. Participants were allocated to tables by discipline and type of school to ensure distribution of expertise. Six vignettes addressing a range of common mental health scenarios were distributed amongst the group. Each table was then assigned a specific vignette and tasked to identify the issue raised and to suggest a course of action. Each table then took turns to feedback back their work for group discussion.

Results 100% of participants agreed knowledge and understanding of issues around mental health were improved.

Conclusions We gained good insight into the needs of the community to plan for future meetings. The seminar was deemed wholly worthwhile and a useful way to discuss attitudes towards mental health between orthodox and non-orthodox schools within the community. The seminar helped improve both identifying the signs of a number of mental health conditions and how to make referrals to specialist services.

G259(P) MENTAL HEALTH MATTERS: IMPROVING THE CARE OF OUR PAEDIATRIC PATIENTS

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Aims Affective disorders in young people are rising – described as an ‘Adolescent Mental Health Crisis’¹ with a 68% increase in hospital self-harm presentations in 13–16 year old girls between 2011 and 2014. ¹Paediatric doctors and nurses at East Surrey Hospital felt the numbers were increasing locally and that they were inadequately trained to manage this group of patients. To better understand the needs of young people and improve the care we delivered, the ‘Mental Health Working Group’ was set up locally in 2018. This was made up of paediatric doctors, mental health liaison nurses and ward managers. Our objectives were multi-fold but one of the early tasks was to: 1) Audit patients admitted with mental health problem, 2) Design + Introduce a Proforma/Risk Assessment 3) Re-audit.

Methods Initial audit period from February to April 2018 and included all patients presenting with mental health problems. The Clerking Proforma and Risk Assessment were introduced in October 2018 to guide doctors in their documentation and management of mental health patients:

- All patients presenting with a mental health problem must be clerked using the proforma + risk assessment form.
- Risk Assessment must be complete once every 12 hours or more if a patient's mental state changes.

- Feedback on the proforma was obtained from all staff members before its introduction and from a Young Senior Participation Officer from the local council.

The re-audit was from November to January 2019 and included subjective feedback from doctors.

Results

- Doctors rated the introduction of the proforma and risk assessment 4.3/5.
- 76% of the Proformas were completed on admission
- 74% had a Risk Assessment form completed on admission
- 78% of the clerking proforma was completed correctly
- 11% had a risk assessment completed by a Doctor on ward round
- 68% had a risk assessment completed by a Nurse

	Feb-April 2018	Nov-Jan 2019
Number of Admissions	41	24
Suicidal ideation Documented?	40%	100%
Capacity Documented	0%	94%
Risk Assessment Documented	10%	74%

Conclusion The proforma has led to improved documentation and better risk assessments. The Mental Health Working Group has overall reduced the stigma amongst staff members, helped to increase their confidence in managing young in-patients and highlighted the ‘national crisis’ and need for more funding.

G260(P) MENTAL HEALTH SIMULATION FOR PAEDIATRIC JUNIOR DOCTORS: USING LOW TECHNOLOGY, HIGH FIDELITY SIMULATION TO ENHANCE CLINICIAN CONFIDENCE IN PAEDIATRIC MENTAL HEALTH CARE

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Background In the 2017 Mental Health of Children and Young People (CYP) in England Report, 15.4% of children presented to a physical health specialist, such as a paediatrician, regarding their mental health. An Australian study found that over a 7-year period, childhood mental health presentations to Emergency Departments increased three times faster than physical health presentations, (Hiscock et al, 2018). However, trainee paediatricians receive little formal training on the assessment and management of common mental health presentations. Despite the clinical and educational advantages of simulation, its use is less common in mental health (Attoe et al, 2016). Consequently, little is known of the feasibility and effect of a paediatric mental health simulation programme for junior doctors working in paediatrics.

Aim To ascertain whether the introduction of a paediatric mental health simulation programme would improve junior doctor confidence in the assessment and management of common acute paediatric mental health presentations.

Method Two simulation scenarios on self-harm and anorexia nervosa were developed and incorporated into the weekly in-situ simulation programme for junior doctors in paediatrics trust-wide over 6 months. The debrief after each simulation