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