Paediatric Mental Health Association

935 EMERGENCY HOSPITAL ADMISSIONS FOR STRESS-RELATED PRESENTATIONS AMONG SCHOOL-AGED ADOLESCENTS DURING SCHOOL TERM VERSUS HOLIDAY TIME IN ENGLAND IN 2014–2018

¹Ruth Blackburn, ²Omotomilola Ajetonmobi, ¹Louise Mc Grath-Lone, ³Pia Hardelid, ³Roz Shafran, ³Ruth Gilbert, ³Linda Wiljaars. ¹University College London Institute of Health Informatics; ²London School of Hygiene and Tropical Medicine; ³University College London Great Ormond Street Institute of Child Health

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Background Stress experienced by adolescents, as measured by psychometric tools, has been associated with risky health behaviours and poorer subjective mental and physical functioning. School can be a source of both social support and stress for adolescents. Previous research has demonstrated that hospital admissions for stress-related presentations are higher during term-time compared to school holidays (e.g., non-specific abdominal pain and health behaviours relating to self-harm). However, these findings are based on small, sub-national studies and focus on specific types of stress-related presentations. Evidence is lacking about the burden of broader stress-related presentations that result in an emergency hospital admission for young people in England and how stress-related presentations vary between term-time and school holidays and by demographic characteristics, such as age and gender.

Objectives

1. Quantify rates of emergency hospital admissions with a stress-related presentation for adolescents aged 11–17 years
2. Compare differences in rates between term-time and school holidays and by demographic characteristics

Methods We defined a stress-related presentation as a hospital admission with at least one sign or symptom indicating a manifestation of stress recorded. We identified relevant stress-related signs and symptoms in school-aged adolescents based on iterative mapping of the research literature and developed a codelist with review from a clinical psychologist. We included International Classification of Disease version 10 (ICD-10) codes reflecting mental illness, self-harm behaviours, and pain or potentially psychosomatic symptoms (e.g., fatigue). Using Hospital Episode Statistics (HES) data for England, we described the characteristics of adolescents with a stress-related presentation in 2017/18 and estimated the cumulative proportion with a presentation between the ages of 11 and 17 years. We then explored the association with the school calendar by estimating incident rate ratios (IRRs) for weekly emergency admissions with a stress-related presentation in term-time versus holiday periods for adolescents aged 11–17 years in 2014/15 to 2017/18 using negative binomial regression models.

Results In 2017/18, 23,441 girls and 12,813 boys aged 11–17 years were admitted with a first stress-related presentation. From this, we estimated that 7.9% of girls and 4.1% of boys had at least one admission with a stress-related presentation between 11–17 years of age. Between 2014/15 and 2017/18, we identified 305,491 stress-related presentations in 171,013 school-aged adolescents which accounted for 31% of all emergency hospital admissions for this age-group. The highest weekly rates were found in girls aged 14 and 15 years. Weekly admission rates with stress-related presentations were higher in term-time than holidays for all ages and were more

pronounced for girls. For example, the IRR for term-time compared to holidays was 1.34 for 15-year-old girls versus 1.23 for 15-year-old boys.

Conclusions Our estimates suggest that in a typical classroom of 25 students, 2 girls and 1 boy were admitted to hospital with a stress-related presentation between the ages of 11 and 17 years. Stress-related presentations were evident in almost one-third of all emergency hospital admissions for adolescents and occurred more frequently in term-time than holiday periods. Better understanding of school factors that contribute to stress-related presentations is needed to design and evaluate interventions to reduce stress among adolescents.

RCPCH Trainees Committee

938 KNOWLEDGE IS POWER: REDEPLOYMENT LESSONS TO BUILD RESILIENCE

¹Lucy Jefferson, ¹Mary Fenton-Jones, ¹Laura Wynn-Lawrence, ¹Harriet Croft, ²James Hambidge, ³Maria Tsakmakis, ³Paul Mannix. ¹Bristol Children's Hospital; ²Gloucestershire Royal Hospital; ³North Bristol Trust

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Background Feeling unprepared in an unfamiliar environment contributes significantly to the stress felt by trainees starting a new rotation. This feeling was magnified in 2020 for paediatric trainees redeployed to a new specialty, often at short notice, to respond to the rapidly changing demands of the SARS-CoV 2 pandemic. As a group of neonatal intensive care doctors we were redeployed, with limited preparation time, to a variety of adult departments. Despite the unfamiliarity of the pathologies, the diverse needs of particular patient cohorts and alarmingly high doses of lorazepam, our neonatal skills and knowledge were often transferrable to adult medicine (including the case of an encephalopathic patient who required regular stimulation to remember to breathe). However, whilst a clinically necessary move, we felt the communication and information provided could have been enhanced to improve our readiness for redeployment.

Objectives To improve well-being and readiness for redeployment by creating a trainee led induction framework.

Methods As a neonatal cohort, together with our College Tutor and following our experience of redeployment, we identified the following specific training needs and challenges faced by paediatric trainees in our trust:

1. New environment – Building, wards, logistics
2. Different IT systems
3. Training eg. ALS
4. Unfamiliar escalation processes
5. Adult medicine: ceiling of treatment, guidelines, medications and conditions
6. Different resilience requirements – breaking bad news, death rate, drugs and alcohol.
7. HR processes eg leave, rotas.

Results We produced an electronic package to address these areas which outlined information and signposted to resources and training. This was the first collection of all relevant information drawing on multiple trust sources, discussions with adult colleagues, independent research and our own experience. This was registered as a QI project and presented to