Paediatric Mental Health Association

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VIRTUAL ART THERAPY: MEETING THE PSYCHOSOCIAL NEEDS OF CHILDREN AND YOUNG PEOPLE WITH A LONG TERM HEALTH CONDITION DURING THE COVID-19 PANDEMIC

Arvind Nagra, Eleanor Stubbs, Sarah Shameti, Shuman Haq, Rodney Gilbert. *Southampton Children's Hospital*

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Background Children and young people (CYP) with a long term condition (LTC) are known to have increased psychosocial needs. This is also true for siblings of CYP with a LTC.

The current COVID-19 pandemic has had an adverse impact on the psycho-social wellbeing of CYP, especially those with a LTC and their siblings. This has resulted in an increase in demand for psychosocial support which has presented a challenge as to how these needs might be met.

During the pandemic, a Children's Hospital, in partnership with Teapot Trust (a charity providing art therapy) offered a virtual art therapy intervention to CYP with chronic kidney disease in order to support their psychosocial needs. The art therapy was delivered virtually via Zoom.

Objectives To explore the feasibility and effectiveness of delivering a virtual art therapy intervention and measure the impact of the intervention on Children and young people psychosocial wellbeing.

Methods The hospital MDT identified and shared referrals with the Teapot Trust art therapist. CYP completed a Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) survey at the start and end of the intervention to assess impact on psychosocial wellbeing.

From August – December 2020: 8 CYP (aged 6–14 years) received virtual art therapy support. Sessions were either delivered 1:1 (N=4) or as group therapy (N=4).

The art therapist delivered the therapy via Zoom.

All CYP received an individual art resource pack.

Youth workers participated in sessions where considered helpful.

CYPs needs were identified at their initial session and a support plan put in place.

Progress was reviewed after 8 weeks and sessions extended if needed.

At the end of the intervention CYP also completed an enjoyment feedback form. Parent feedback about their child's well-being and enjoyment was collected at the end of the intervention.

Results The CYP received a mean of 8 (range 6 – 18 weeks) sessions.

CYP:

N=8. 87.5% (N=7) completed the WEMWBS survey. Average WEMWBS score increased from 82.7 (high) at baseline to 91.3 (high) post intervention which is a positive change across the whole group.

All 100% (N=7) showed improved self-esteem, improved mood, increased energy and motivation, and increased relaxation.

Parent feedback:

62.5% (N=5) completed the feedback forms. 100% (N=5) responses were positive.

CYP said *'it helped me understand all those feelings that were hidden for such a long time.'*

Parent feedback *'the difference in R's mental health from when she started the art therapy and finished was like night and day'..... 'being very proactive in her own self-care, seemed happierextremely pleased with the result'.*

Conclusions Delivery of a virtual art therapy intervention appears to support improvement of the psychosocial wellbeing of CYP.

More research is needed to assess the effectiveness of virtual art therapy

Quality Improvement and Patient Safety

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PAEDIATRIC RAPID REVIEWS – DO THEY ENABLE TIMELY PATIENT REVIEW AND APPROPRIATE ESCALATION IN A TERTIARY PAEDIATRIC HOSPITAL?

Sally Henderson, Annabel Baines, Peter Davis, Desha Wasala. *Bristol Royal Hospital for Children*

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Background Rapid reviews (RRs) and safety huddles were introduced in a tertiary children's hospital in 2017 in order to improve the rapid assessment and expectant management of unwell patients across the hospital and prevent unrecognised deterioration on the wards. RRs gather an experienced team of clinicians (PICU and high dependency registrars and critical care outreach team) together at the bedside of a child felt to be deteriorating or at risk of deterioration if not reviewed. Clinicians should attend within 15 minutes, an ongoing plan must be agreed upon and documented following assessment, and a high dependency or paediatric intensive care consultant is informed about every call.

Hospital wide data was collected in both 2018 and 2019 looking in detail at RR calls made, and any effect of these measures on unplanned admissions to Paediatric Intensive Care Unit (PICU) as part of a Trust wide patient safety initiative.

Primary:

- Examine rates, outcomes and overall trends of RRs in 2019
- Review unplanned PICU admissions and their involvement in the RR process
- Comparison of 2018 and 2019 data after presentation of 2018 findings

Secondary:

- Identification of opportunities for quality improvement in the RR process and local paperwork.

Methods All unplanned admissions to PICU were identified through the PICAnet database, and RR calls were identified through local switchboard and Datix submission data. Data was collected from electronic notes looking at timings of calls, locations, and subsequent escalation of care. Unplanned PICU admissions were reviewed looking at eventual outcome and whether there had been rapid review calls or emergency calls prior to admission to intensive care.

Results

- Documentation of RR calls improved between 2018 and 2019.
- There were no documented cardiac arrests on the ward outside of PICU in 2019.