

**Methods** Quantitative data obtained assessed patterns of presentation to the Emergency department (ED). Qualitative data was obtained through stakeholder Interviews with professionals, AYA patients and their caregivers. As of January 2022, 113 stakeholders were interviewed. The data obtained informed the creation of the 'LNWH AYA Manifesto.' This was converted into a questionnaire for all professionals involved in the care of AYA patients to assess organisational culture around AYA Care.

**Results** It was found that AYA care at LNWH lies across a complex cross-sector system. The commonest code for presentation to the ED for those ages 13 to 25 was 'depressive disorder'. Key themes from stakeholder interviews included: 1) AYAs are not always provided with ageappropriate care 2) Acute Trusts may serve as a catalyst for change for AYA patients and Youth workers may be better placed to connect with them 3) There is a need for an integrated approach to physical and mental health with better relationships needed between the Acute teams and CAMHS. The 'LNWH AYA Manifesto' questionnaire found disparate opinions regarding the approach to integrated physical and mental health; of the 47 responses obtained 25.6% reported not feeling confident with recognising and managing mental health and social issues in AYAs and 44.7% believed that physical and mental health problems should be addressed separately by the relevant specialties.

**Conclusion** AYA care lies across a complex cross-sector system and thus requires a multifactorial approach to create a culture change towards recognising the distinct needs of this population. One such intervention proposed is the introduction of a Youth Worker outreach model similar to the King's Adolescent Outreach Service (KAOS) as a way to create a shift towards an integrated approach to physical and mental health care.

## 914 BRINGING SECONDARY ADOLESCENT CARE INTO A COMMUNITY SETTING – SERVICE DESCRIPTION & EVALUATION

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**Aims** Describe an emerging model of care for young people bringing secondary level mental and physical healthcare into a youth friendly community setting

**Methods** Since September 2021, a new specialist service has been iteratively developed with collaboration of secondary/tertiary adolescent clinicians from the local hospital and a well-regarded local youth health service. Young people's views have also been sought. Aiming to reduce local health inequalities, a model of interdisciplinary assessment and follow-up to local young people approaching symptom investigation and management concurrently with social and family needs, education liaison and mental health (figure 1) was created.

The clinic consists of: 2 adolescent physicians; psychotherapist; youth worker; clinical nurse specialist; physiotherapist and occupational therapist. MDT meetings determine best skill mix for initial assessment, and each professional can offer a bespoke package for ongoing work, supported and contained by the medical team.

Patient referrals are accepted from GPs and hospital.

As service evaluation, demographics were collected to ensure we were reaching our target patient groups. This included age, sex, gender, ethnicity, and 2019 index of multiple deprivation deciles. Pre-clinic questionnaires including wellness score (from 0-10), 'things I want to talk about today' and baseline sleep & life satisfaction scores are given to patients before clinic for self-reporting.

**Results** 36 young people seen since October 2021

**Demographics** Female 29, Male 7

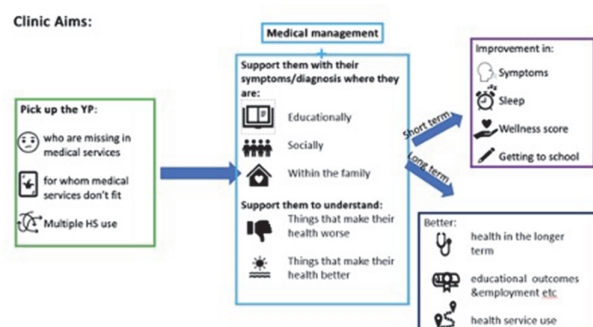
Median age at attendance – 15, range 12-19 years.

Ethnicity 37% white, 24% Black, 12% Asian, 9% Mixed ethnic group and 8% other ethnic group.

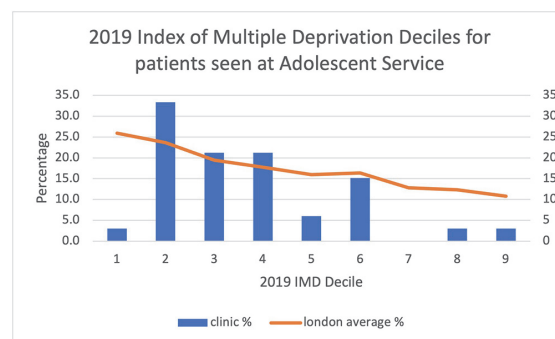
The index of multiple deprivation decile scores for patients ranges from 2-9 with higher rates between 2<sup>nd</sup>-4<sup>th</sup> decile, generally in keeping with London averages (borough averages unavailable) (figure 2)

**Presenting symptoms** The most common 'things I want to talk about' were headaches (4/22 completed questionnaires), abdominal pain (3/22), other pains (5/22), anxiety and mood (4/22) and sleep (3/22). Young people had many ways of describing their concerns and physician noted headaches, abdominal pains and physical symptoms was higher.

Median & mean wellness score was 6, ranging between 2-9. Self-reported sleep quality was poor to ok; and quality of life was ok (45%) to good (41%).



**Abstract 914 Figure 1** Visual description of clinical aims - A Medical PLUS model where medical care sits alongside more holistic exploration of patient needs which covers both precipitating and perpetuating drivers of symptoms



**Abstract 914 Figure 2** The Index of Multiple Deprivation Deciles for new patients in clinic compared to local averages

**Conclusion** Our results show the clinic has been seeing a wide range of young people with physical symptoms, and many

with complex social needs as well. Verbal feedback is positive from staff & families with formal qualitative evaluation pending.

Areas for improvement are completion of pre-clinic questionnaires for best patient-centred care, and evaluation of our baseline and impacts. We need to increase referrals from most deprived areas and are exploring/piloting direct referrals from a local school, youth group and youth offending service and peer-to-peer wellness support similar to established mental health peer-to-peer support. We are excited to share progress of this novel approach as it develops.

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#### **SURGE OF EATING DISORDER CASES AMONG ADOLESCENTS DURING THE COVID-19 PANDEMIC IN A TERTIARY ADOLESCENT MEDICINE UNIT IN KUALA LUMPUR, MALAYSIA**

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**Aims** To describe the trend of eating disorder cases in the Adolescent Medicine Unit, Hospital Tunku Azizah (Women And Children Hospital) Kuala Lumpur, Malaysia before and during Covid-19 pandemic.

**Methods** Retrospective review of outpatient and inpatient records of patients with eating disorder at the Adolescent Medicine Unit, Hospital Tunku Azizah (Women And Children Hospital), Kuala Lumpur, Malaysia for a three-year period (2019- 2021 ).

**Results** There was a three-fold increase in the number of new eating disorder cases in this tertiary centre during the Covid-19 pandemic and also during the enforcement of Movement Control Order (MCO) by the Government of Malaysia. Majority of the eating disorder cases were Anorexia Nervosa.

**Conclusion** The Covid-19 pandemic has resulted in a significant increase in the number of new eating disorder cases among adolescents in one tertiary Adolescent Medicine Unit in Kuala Lumpur, Malaysia. Several key factors that may have contributed to this trend were identified.

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#### **DELIVERING AGE APPROPRIATE CARE TO 16 TO 18 YEAR OLD PATIENTS AT KETTERING GENERAL HOSPITAL**

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10.1136/archdischild-2022-rcpch.838

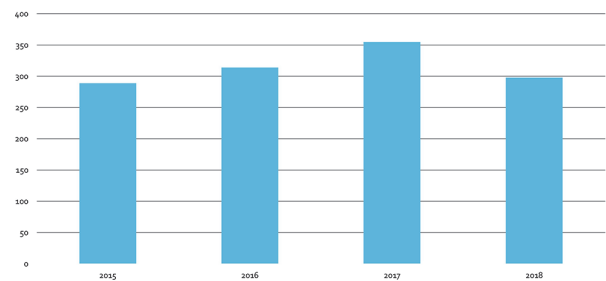
**Aims** 1. To determine the current state of management of patients aged between 16-18 years in regard to their provision of care with a view to improving the transition of care to adult services.

2. To allow further development of pathways to ensure that these patients receive the most appropriate acute care and follow up, from admission to discharge.

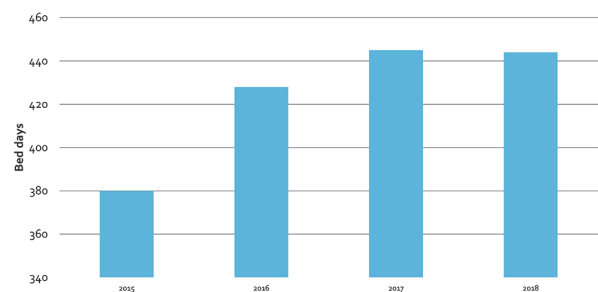
3. To facilitate subspecialty input for patients in the 16-18yr age group in a timely manner without unnecessary delay.  
**Methods** Data on all patients aged 16-18 years old discharged between 1st Jan 2015 and 30th Nov 2018 from Kettering General Hospital was obtained from the trust's

Information Team. The inclusion criteria were that they were admitted under Paediatrics and their age did not exceed 18 years old at time of admission. The sample size was n=1,256 for 16-18yr old age group and n=18,043 for 0-15yr old age group. Data analysis was performed on Excel spreadsheet.

**Results** The number of admissions for the 16-18yr old increased annually (figure 1) but this was not observed for the 0-15yr age group. Approximately 70% of new admissions in the 16-18yr group to the paediatric ward came from A&E and 20% came from GP referrals. 10% were admitted 'by other means, emergency'. A few were admitted from clinics and booked in advance. Between 2015 to 2018, 99% of 16-18yr old patients were admitted to Skylark ward and Paediatric Assessment Unit. Between 2015 and 2018, 7 patients aged between 16 and 18 years were admitted to the Intensive Care Unit, adult medical ward, Medical Assessment Unit, radiology interventional suite and theatres. Over four years, 38% of admissions of 16-18yr old patients (283/736) were for substance poisoning. 38.5% had a primary diagnosis of drug overdose, substance or alcohol misuse. The total numbers of bed days occupied by 16-18yr old patients showed an increasing trend over four years (figure 2). Approximately 10% of the total bed days available every year go to 16-18yr old patients, with 90% going to the 0-15yr old group. The average length of stay for 16-18yr old patients was significantly longer than that of 0-15yr old patients ( $P<0.05$ ).



**Abstract 1160 Figure 1**



**Abstract 1160 Figure 2**

**Conclusion** Data showed increasing caseload in the 16-18yr group as shown by the rising annual admission figures and longer length of stays reflecting the increasing complexity and needs of this unique subgroup of patients. Anecdotal case studies have highlighted the logistical challenges of seeking subspecialty input in the 16-18yr age group as they were