

## PAEDIATRIC MENTAL HEALTH ASSOCIATION AND CHILDREN'S ETHICS AND LAW SPECIAL INTEREST GROUPS

### G240 PREVALENCE AND PATTERNS OF MENTAL HEALTH-RELATED PAEDIATRIC HOSPITAL ADMISSIONS

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**Aims** Concerns have been raised about a perceived rise in children and young people admitted to paediatric wards with mental health difficulties, and about the support available for them. However, there has been no detailed analysis to date of mental health (MH) related admissions data.

The main aims of this project were to investigate regional MH-related paediatric admissions by:

- Describing the prevalence of admissions with an MH code, and the most common codes associated with admissions.
- Examining trends in prevalence over time.

**Methods** We used data from 2006–2017 obtained from six acute trusts in one region as part of an ongoing hospital admissions project. A comprehensive coding list was developed to identify admissions with MH-related codes; subdivided into codes for mental, behavioural and neurodevelopmental disorders and codes for intentional self-harm. For each Trust we calculated the proportion of all admissions that had an MH-related code, identified the most common codes, and examined changes in prevalence of MH-related admissions over time. We also described whether MH-related diagnoses were coded as primary diagnoses.

**Results** The overall proportion of admissions which were MH-related varied by trust from 0.45% to 7.97%, and the proportion with an intentional self-harm code ranged from 0.30% to 3.41%. In all trusts, less than 1% of admissions had an MH-related code as the primary diagnosis. The proportion of admissions with an MH-related code increased over time, both for mental, behavioural and neurodevelopmental disorders and for intentional self-harm, for all trusts. The most common MH-related codes used as primary diagnoses were acute alcohol intoxication and anorexia nervosa.

**Conclusion** Our findings suggest there has been a rise in MH-related paediatric admissions over time, and that this rise is not solely due to an increase in self-harm. This has implications for prevention, for planning appropriate care and pathways for those admitted with an MH problem, and for staff training and support. Perhaps most importantly, Trusts that only capture primary diagnosis codes risk underestimating mental health needs in the paediatric population.

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### G241 ABSTRACT WITHDRAWN

### G242 A SURVEY EXPLORING ATTITUDES, SKILLS AND WILLINGNESS OF PAEDIATRIC TRAINEES TO MANAGE CHILDREN AND YOUNG PEOPLE WITH ACUTE MENTAL HEALTH PRESENTATIONS IN SECONDARY CARE

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Children and young people (CYP) increasingly present to hospital with complicated emotional and/or behavioural problems. Professionals, including paediatricians may feel poorly prepared to manage these patients well, impacting patient experience. We aimed to explore knowledge and attitudes around mental health management in our region amongst paediatric trainees. This project supported a multicentre audit assessing mental health admissions to paediatric units.

**Methods** A digital survey was created by members of a regional paediatric trainee research collaborative alongside local stakeholders. Data was collected on trainee grade, mental health training, training needs and perceived confidence and competence in this area. Questions were a mixture of 5-point Likert scales, free text and multiple-choice questions. The survey was circulated to all paediatric trainees regionally via official channels.

**Results** Of the 44 respondents to the survey 1 had received formal training in mental health risk assessment during paediatric training. 66% of participants considered the paediatric service to CYP presenting with mental health issues to be poor or very poor (1–2/5 on Likert scale). 7% felt confident (4+ on Likert scale) risk-assessing CYP for discharge; 23% would perform this role if adequately trained and supported. 27% had a psychosocial meeting with psychiatry support in their locality. 93% of trainees were interested in linking with CAMHS trainees further to improve knowledge and understanding.

**Conclusion** The majority of respondents felt that the service received by CYP from paediatrics was sub-optimal. More promisingly, there is enthusiasm for greater collaboration, training and understanding of mental health presentations, risk assessment and management amongst these trainees. Trainees were keen to broaden their experience and competence in risk assessment with a view to discharging patients, with appropriate support. The vast majority of respondents were keen to explore options for closer CAMHS/paediatric collaboration to share knowledge and understanding. Following this survey a mental health study day for registrars has been added to the regional programme, with further options to develop training, including a SPIN module in mental health being explored.