

Complex Emotions in Pediatric Care: Unravelling the Challenges and Pathways for Staff

Dr Praveen Kumar^{1,2}, Dr Tharini Kumar³ and Dr Jane Hosie²

¹City Hospital, Aberdeen, United Kingdom; ²New Craig's Psychiatric Hospital, Inverness, United Kingdom and ³Louth Hospital, Dublin, Ireland

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Aims: The aim of this study was to explore the experiences and challenges faced by staff in pediatric wards when managing young patients with complex emotional and behavioural difficulties. It sought to understand the specific nature of these challenges, their impact on healthcare providers, and to identify potential strategies for improvement, particularly focusing on the staff's interaction with Child and Adolescent Mental Health Services (CAMHS).

Methods: The study involved a qualitative survey of 16 healthcare professionals, including 12 nurses, 3 administrative or support staff, and 1 doctor, working in a Paediatric ward setting. Open-ended questions were used to gather detailed insights into the staff's experiences. The responses were then segmented and analysed, focusing on the nature of the challenges faced, the impact on staff, suggestions for improvements, and the dynamics of their relationship with CAMHS.

Results: The survey revealed a multifaceted set of challenges. Staff reported a significant knowledge gap in managing patients with complex emotional issues, often leading to feelings of inadequacy and stress. These challenges were not just clinical but also emotional, affecting staff morale and mental health. The responses underscored the need for better support, specialized training, and enhanced resources. A recurring theme was the pivotal role of CAMHS, with staff expressing a need for more effective collaboration and communication. The data also hinted at nuanced challenges, such as dealing with manipulative behaviours, difficulty in patient–family interactions, and the emotional toll of such encounters. These findings highlight the complexity of emotional and behavioural management in pediatric care, extending beyond patient interaction to encompass broader aspects of the healthcare environment.

Conclusion: The study confirmed that Paediatric ward staff face considerable challenges in managing young patients with complex emotional difficulties. These challenges go beyond clinical management, significantly impacting the staff's emotional well-being. The findings point to an urgent need for targeted training and support initiatives, along with stronger collaborative ties with CAMHS. Implementing such measures could lead to improved patient care and staff satisfaction. Additionally, regular debriefing sessions and feedback mechanisms are recommended to continually adapt and optimize care strategies in Paediatric wards, ensuring a resilient and empathetic healthcare environment.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Enhancing Mental Health Support for Unaccompanied Asylum- Seeking Young People (UASYP): A Collaborative Pathway in Aberdeen

Dr Praveen Kumar and Mrs Claire Hardie
City Hospital, Aberdeen, United Kingdom

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Aims: This initiative aimed to establish a structured and collaborative pathway to address the mental health and psychosocial needs of Unaccompanied Asylum-Seeking Young People (UASYP) in Aberdeen. The project sought to provide trauma-informed, culturally sensitive interventions while fostering partnerships with local and national agencies to ensure comprehensive support. In 2023, the UK received 3,412 applications from Unaccompanied Asylum-Seeking Children (UASC), with Scotland accommodating a proportionate share through the National Transfer Scheme.

Methods: The pathway was developed within the Child and Adolescent Mental Health Services (CAMHS) at City Links Hospital, Aberdeen, inspired by Professor Renos Papadopoulos' frameworks on refugee trauma and the “Enhancing Vulnerable Asylum Seekers' Protection” handbook. Referrals were limited to UASYP with looked-after status, ensuring targeted support for the most vulnerable. Initial network meetings involved key stakeholders, including social workers, guardians, and lawyers, to assess the young person's needs and determine appropriate interventions. Consent processes were designed to facilitate transparent communication between stakeholders and ensure ethical information-sharing. Collaborations with agencies like Aberlour, the Anchor Unit, and Freedom from Torture were integral. Data from 13 cases were analyzed to evaluate demographic trends, service engagement, and outcomes.

Results: The cohort had an average age of 17.2 years, representing countries including Afghanistan, Iran, Eritrea, and Sudan. Language barriers were notable, with Pashto, Tigrinya, and Kurdish Sorani as primary languages. Only 5% of referrals progressed to CAMHS, underscoring the selective nature of the pathway. Most referrals resulted in external partnerships, particularly with organizations like Freedom from Torture, or redirection to community resources. Guardians, managed through Aberlour in collaboration with the Anchor Unit, played a pivotal role as stable third parties, addressing the power dynamics inherent in social worker relationships.

Conclusion: This pathway highlights the value of integrating trauma-informed care with a networked, multidisciplinary approach to support UASYP. By leveraging existing frameworks and fostering agency partnerships, the initiative demonstrated the feasibility of providing culturally sensitive care tailored to the unique needs of asylum-seeking young people. Given the increasing number of UASC arrivals in the UK, further development of Tier 2 group interventions and ongoing evaluation of pathway outcomes are recommended to expand the model's impact.

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The Smoke-Free Law's Toll on Intensive Psychiatric Care Unit (IPCU) Staff

Dr Praveen Kumar¹, Dr Ananya Santosh², Dr Caio Bezzerraculas² and Dr Nikki Thomson²

¹City Hospital, Aberdeen, United Kingdom and ²New Craig's Psychiatric Hospital, Inverness, United Kingdom

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Aims: This survey aimed to evaluate the impact of the Smoke-Free Perimeter Law on the staff working in the IPCU at New Craig's Psychiatric Hospital. It focused on understanding how the law

affected staff workload, their experiences with patient care, and the overall working environment in the IPCU.

Methods: A survey was conducted involving IPCU staff members, comprising various roles with diverse experiences ranging from 2 to over 30 years in psychiatric care. The survey included questions about changes in workload, patient behaviour, staff stress levels, and challenges faced due to the law. Open-ended questions allowed staff to provide detailed feedback and suggestions for improvement.

Results:

Workload and Staff Experiences:

All nine respondents reported a significant increase in workload, primarily due to the additional responsibilities related to managing smoking breaks for patients.

Staff observed notable changes in patient behaviour, including increased physical and verbal aggression, less tolerance, and more frequent aggressive outbursts.

Many patients who were restricted from off-ward smoking breaks exhibited increased irritability and agitation.

Challenges and Environmental Impact:

Managing patient distress and aggression became more challenging, especially when unable to facilitate timely off-ward smoking breaks.

Designated times for escorted smoking breaks led to inconvenience and heightened patient emotions, often resulting in aggression.

The inability to use the courtyard for smoking negatively impacted the ward environment, leading to increased stress and confrontations.

Staff Opinions and Feedback:

Some staff expressed support for a smoke-free hospital but acknowledged the challenges for detained patients.

Concerns were raised about the fairness of enforcing a smoking ban on involuntary patients.

The previous practice of using the courtyard for smoking was seen as beneficial for calming patients and maintaining a closer staff presence.

Training and support needs were mixed, with some staff requesting more support to manage patient aggression and distress.

Conclusion: The survey findings illustrate the significant impact of the Smoke-Free Perimeter Law on staff at the IPCU. The increased workload, heightened stress levels, and challenges in patient management highlight the practical difficulties in implementing this policy in a psychiatric setting. Staff feedback underscores the need for supportive measures and potential adjustments to the law's implementation, ensuring it accommodates the unique needs of both patients and staff. Balancing the implementation of public health policy with the immediate needs of psychiatric patients and staff remains a complex, yet crucial, endeavour in ensuring effective and compassionate psychiatric care.

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Characteristics and Treatment Challenges of Patients With Comorbid ADHD and Psychosis: A Cross-Sectional Study in Early Intervention Services

Dr Salam Fahad and Dr Nismen Lathif

Merseycare NHS Trust, Liverpool, United Kingdom

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Aims: Comorbid attention deficit hyperactivity disorder (ADHD) and psychosis present significant challenges in Early Intervention in

Psychosis (EIP) services. This study examined the prevalence, diagnostic patterns, and treatment challenges of this comorbidity within EIP teams in Halton and Warrington, UK.

Methods: A cross-sectional analysis of the current EIP caseload (N=180) was conducted, focusing on patients with suspected or diagnosed ADHD. Data on ADHD diagnosis, treatment status, antipsychotic medication use, and patient-reported outcomes were collected and analysed.

Results: Of the 180 EIP patients, 35 (19.4%) had suspected or diagnosed ADHD. Among these, 16 (45.7%) had a confirmed ADHD diagnosis, with only 8 (50%) receiving targeted ADHD treatment. No statistically significant differences were found in subjective quality of life or treatment satisfaction scores between patients receiving ADHD treatment and those not on treatment. The proportion of patients prescribed antipsychotic medication was similar between those on ADHD treatment (87.5%) and those not on ADHD treatment (88.9%).

Conclusion: This study reveals a high prevalence of comorbid ADHD in EIP services and significant gaps in diagnosis and treatment. The findings highlight the need for improved screening, integrated care pathways, and personalised treatment approaches for managing comorbid ADHD and psychosis. Future research should focus on developing evidence-based guidelines and exploring the impact of comprehensive intervention strategies on patient outcomes.

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Analysis of Paediatric Liaison Service Caseload Trends at King's College Hospital CAMHS From November 2018 to December 2024: Impact of COVID-19 and Post-Pandemic Recovery

Dr Khalid Magzoub, Dr Idura Hisham and Dr Sulagna Chakrabarti
South London and Maudsley NHS Trust, London, United Kingdom

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Aims: To analyse the in-hours emergency/crisis caseload trends of the King's College Hospital (KCH) CAMHS Paediatric Liaison Service from November 2018 to December 2024, focusing on the impact of the COVID-19 pandemic and the subsequent recovery. The study aims to identify patterns in service demand and contextualise these trends with key pandemic milestones.

Methods: Monthly caseload data for in-hours referrals were collected and analysed over a six-year period from November 2018 to December 2024. The data were examined in relation to key events, such as lockdowns, school closures, and reopening phases, to explore potential influences on caseload trends. Median monthly caseloads were calculated, and patterns were compared across different stages of the COVID-19 pandemic and its aftermath.

Results: In the pre-COVID phase, monthly caseloads were stable, with a median in-hours emergency referrals of 30. During the COVID phase, caseloads dropped sharply during the first lockdown in March 2020, likely due to school closures and disruptions to referral pathways. Attendance began to recover during the partial reopening of schools in June 2020 but fluctuated with subsequent lockdowns. In the post-COVID recovery phase, caseloads steadily increased but appeared to return to pre-pandemic baselines by 2024. These findings demonstrate a clear relationship between school closures and reduced referrals during COVID lockdowns, as national lockdowns without school closures contributed to higher A&E