

statistically significant ($p = .027$). In multiple logistic regression analysis statistically significant associations between bullying victimization in childhood (reference: no bullying) and fibromyalgia were found: adjusted odds ratio (OR) for minor bullying was 1.35 (95% CI 1.09 – 1.67) and for severe bullying 1.58 (95% CI 1.21 – 2.06).

Conclusion with key message

Peer bullying victimization might be associated with fibromyalgia. However, there is need for further, preferably prospective cohort studies.

Statement

The findings emphasize the importance of actions to prevent childhood bullying.

S04 - Session 4 - Parent/Youth views

O16

Participatory development of a 'roadmap' for involvement of children and parents in the development of youth care guidelines

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Background and aims

Increasing attention is paid to stimulation of client involvement in guideline development. Children, adolescents and parents have unique experiential knowledge which could complement the scientific and expert knowledge. Moreover, their involvement increases the legitimacy of the guidelines. Despite this, knowledge about child and youth involvement, especially in the primary care setting, is still lacking. Our study aims to gain insight into ways for meaningful involvement of children, adolescents and parents in Child and youth care guideline development in the Netherlands by developing a road map that inspires and supports all relevant stakeholders.

Methods

Based upon the principles of the Interactive Learning and Action approach, a qualitative multi-phased participatory project was developed (September 2018-onwards). Via a literature review, 12 interviews with relevant stakeholders and 9 group discussions with parents, children and adolescents, opportunities and challenges were identified. In addition, involvement in two guideline development processes were monitored and evaluated. Content analysis was performed and results will be translated into a road map which will be validated via several interactive multi-stakeholder sessions.

Results

Results reveal that despite a positive attitude towards involvement of children and adolescents, their actual involvement is not self-evident and easy. There is an apparent misbalance between parent and child involvement. During guideline development it is often assumed that parents are representatives of the children. Our research shows, that at times children and youth can have additional insights that cannot be collected by asking parents alone. Guideline developers find involvement of children and adolescents very challenging: what can we ask them, in what way resulting in valuable complementary information? Consequently, the road map not only presents opportunities and tools for involvement in various steps of the guideline development process, but also inspires and encourages stakeholders to gain experience.

Conclusion

Involvement of children and adolescents seems to be approached from a 'us-versus-them' perception. This perception causes undervaluation of children's input, and together with a lack of 'know-how', resulted in little attention for involvement of children and adolescents.

Statement

A road map with concrete tools could encourage involvement of children, adolescents and parents in youth guideline development.

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Participation of parents and children in guideline development for Dutch Youth Health Care

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Background and aims

Involving parents and children in guideline development is important because parents and children have important knowledge from experience. Involvement of parents and children will increase the quality and value of guidelines and can enhance implementation.

Methods

Youth Health Care guidelines in the Netherlands are developed according to the principles of evidence-based medicine. Recommendations can be evidence based, or, when an evidence base is lacking, practice based according to experts. Next to that, input of parents and children are gathered in various ways (open, targeted) and at various moments during the guideline development process.

Results

We will present how and when parents and children are involved in the development process of guidelines for Dutch Youth Health Care and how this led to changes of recommendation. We will discuss the benefits of involving parents and children, which methods we used for conducting a consultation, and whether they were successful and why.

Conclusions

Parents and children can make meaningful contributions to guideline development. However, not all methods yield relevant results.

Statement or main question

How and when can parents and children be involved in the guideline development process?

S04 - Session 4 - Parent/Youth views

O18

Where is the schoolnurse ?

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Background : Health promotion and school health visits with adolescents are required by law of each canton in Switzerland. Different systems existent: school nurses, consulting medical doctors, educational social workers or practical medical assistants organising regular school health surveys. In the community of Fribourg a professional school health service is located in town. A schoolnurse or the school health doctor is responsible for the clinical part as well as health promoting topics. The project " where is the school nurse ?" is designed as interdisciplinary working process between highschool adolescents, the school health service as health care provider and university students as interviewer. The challenge was get to know what adolescents understand by being healthy think about their health, their needs in health issues and the place for a school nurse in their daily school-life .

Methods : After discussion with the school health service, in a community health approach the students developed an interview questionnaire using the model of Dahlgren & Whitehead, organised open-day with the adolescents in highschool, met individually the volunteers, registered how the adolescents - girls and boys from the 9th to 11th grade - answered and presented results in a round table session to discuss with the educational and health professionals.

Results : All adolescents seem to be concerned about their own health. Main topics for them are discussion of health issues in class, possibility of confidential spaces to discuss health problems, first aid in case of need. The presence of a school nurse directly located in the school was required as positive for nearly all the adolescents, and seem to reassure the young people of this age, independently of sex, nationality, and schoollevel.

Conclusion: Interviewing adolescents about their health needs valorise the autonomy thinking in adolescents, confirms the importance of the role for health care givers directly connected with the school including a schoolnurse to strengthen adolescent's individual health as well as collective health issues during puberty

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O19

Problems of school medicine and health as viewed by youth

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Background and aims

The problem of insufficient understanding of the needs and wishes of youth in relation to primary healthcare is typical for Russian school medicine. The opportunity to assess the needs of young people in health services was provided on October 9-10, 2018 at the VI National Congress on School and University Medicine "The Modern Model of Medical Support for Children in Educational Institutions" when youth representatives took part in a discussion club (DC).

Methods

16 teenagers aged 15-18 participated in the DC activities.

Results

Adolescents defined the following crucial health topics which students should be educated on: prevention of psychoactive substance use; provision of mental well-being; issues on career guidance; problems of adolescent physiology and psychology; reproductive/sexual health. The majority of participants received knowledge on health issues from their parents, about half of them — from psychologists, doctors, and teachers. On health questions, most interviewed often turned to friends and parents, a quarter of them — to websites, medical professionals.

Adolescents considered that doctors should be the ones who cover health issues. Only one DC participant knew about websites specifically designed for teens, 9 out of 16 considered those sites to be useful.

DC participants noted that the most attractive formats for informing, popularizing promotion of health were interactive activities involving adolescents and their parents and peer-to-peer education method.

Adolescents determined that school health services (SHS) should be located at school, work during the entire time of student attendance, and include medical specialists, psychologists and social carers. SHS employees should be professionals, friendly, responsive, competent, and able to communicate with children. Low incidence, high level of psychological well-being, and low level of violence at school are indicators of high efficiency of SHS.

Conclusion (s) with key message

Basing on young people opinion, the most important factors influencing the attractiveness of healthcare services for