

are highly prevalent and may be more common than hot flushes and night sweats. For most women, these symptoms improved after a short course of HRT. Longer follow-up is needed to assess any additional response to HRT given for longer periods, after individualisation and optimisation of the dose and regimen.

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An Older People's Functional Mental Health Ward: A Year in Figures

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Aims. We aimed to review various health outcomes for patients admitted to an older adult psychiatry ward specialising in functional illness, over a one year period.

In 2020 the Mental Welfare Commission for Scotland highlighted a concern about the lack of evidence and data surrounding admission to older people's functional mental health wards. We aimed to review this for North Lanarkshire and provide a comprehensive overview of our in-patient population that will aid in service review and improve care.

Methods. We reviewed the electronic notes of all patients (total: 99) admitted to the ward over a one year period. Extracted data included demographics, medications, mental health act status, discharge destination and readmissions.

Results. We found the average age was 73 years old and the median length of stay was 33 days (mean 63). Patients were admitted with a wide range of diagnosis including (most common to least): mood disorders, psychotic disorders, dementia, substance misuse and ARBD, delirium and personality disorders. 30% of patients required detention under the mental health act during their admission, but this fell to only 7% on discharge. 51% of patients were discharged on an antipsychotic. The majority of patients were discharged home; within a year 34% were readmitted to psychiatry and 40% required a medical admission.

Conclusion. We found that our demographic information was broadly consistent with the mental welfare commission's findings. However there is a significant variation in length of stay shown by the difference in the mean and median, due to a small number of significantly longer admissions. Notably there were numerous admissions with a dementia as a primary diagnosis, on a functional ward. In this age group it was significant that a high proportion of patients were prescribed antipsychotics. Further work is required to better understand these findings.

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Self-Perceived Competence in Providing Eating Disorder Interventions for Young People: A Service Evaluation Project

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Aims. Despite the rising prevalence of eating disorders among young people and their associated morbidity and mortality, the level of self-perceived competence of professionals in providing health interventions is unknown. It could be expected that those with low self-perceived competence would be reluctant to initiate therapeutic interventions, which may increase the burden of unmet need for this population. Consequently, a service evaluation project was carried out in Cardiff and Vale Health Board Trust to assess the confidence of healthcare providers in working with young people with eating disorders, and to identify interventions acceptable to clinicians in order to meet this service need.

Methods. Fifty-two healthcare workers who worked with young people below 18 years responded to a brief survey. The survey was advertised via email through the medical education department between December 7 2023 and January 5 2024 to healthcare workers based at Adult and Paediatric Emergency departments, in-patient units of General Adult Medical and Paediatric departments and the Community-based Child and Adolescent Mental Health Services (CAMHS). The survey elicited participants' specialty, location of practice, self-assessed confidence in managing eating disorders in young people, aspect of management participants require support in, and preferred interventions which might support greater literacy in this topic.

Results. Fifty-two participants responded to our survey of whom 48% (25) were doctors, 17% (9) were psychologists, and 13% (7) were nurses. The larger proportion of participants worked in CAMHS (42%) and Paediatric wards/emergency department (37%). About 43% reported having a role in managing young people with eating disorders. Half of the participants reported having "average" to "good" confidence in managing young people with eating disorders while none reported "very good" confidence. Discussion with colleagues was reported as the most common means of getting information about managing young people with eating disorders (79%), while the least cited was local teaching (13%). Most participants wanted support with recognising high risk presentations (60%) and providing psychological interventions (58%). The most highly requested interventions were written resources (65%), and teaching events – virtual (63%) and face-to-face (54%).

Conclusion. Considering the rising prevalence of eating disorders, self-rated confidence of participants in working with young people with eating disorders was relatively low. Interventions can include providing summarised policy documents, simple reference resources, and targeted teaching. These interventions will be implemented and the survey repeated to assess impact of the intervention, with a view to repeating this cycle in order to further drive improvement.

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Older Adults Mental Health (OAMH) Services Across Wales – A National Service Evaluation Survey

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Aims. Theoretically, OAMH services would be similar across all Welsh health boards but the reality can differ. To my knowledge, such data about OAMH services across Wales does not exist in a structured way. So I aim to explore these similarities/differences across different Welsh health boards.

Methods. A 20-question google forms survey was sent to 65 doctors from the seven Welsh health boards including long-term trust-grade doctors, middle-grade/SpRs and consultant psychiatrists. It is a box-ticking survey with comment fields for sharing potential thoughts.

Results. Response rate is 50.7% (33/65) with representation from all health boards. Consultants represent 72.2% of responses.

There is some variation in MDT members. Large variation shows in number of organic and functional beds. 33.3% have wards with mixed-type patients. 66.7% have separate wards for each cohort of patients. 30.3% have no inpatient duty but those who have (69.7%), show a varied number of inpatients. Only one sector has long-stay beds.

63.6% indicate that outpatient duty is divided into functional and memory services. Number of clinics differs hence varied numbers of patients.

57.6% have support of COTE on request, some have their regular attendance and some struggle to have their support. 66.7% indicate that care-coordinators are CPNs, otherwise they are OTs, social workers, psychologists or consultants.

75.8% find it better to have one team providing care for the same patient in the community and as inpatients; one major factor being continuity of care.

72.7% have medical students shadowing them in a structured way.

63.6% do not have specialized clinics in the community, others state they have clinics for lithium, clozapine, depot, S117 after-care, antipsychotic review, MCI or neuropsychiatry.

60.6% of liaison services are old-age specific. Some comments state that even in ageless services, they have an older adult psychiatry consultant. One comment states that there are designated nurses to each age group but the consultant is not "old-age trained".

90.9% of memory services are run by psychiatric service; 9.1% by other departments.

Conclusion. Variations are not only across different health boards but also in-between sectors in each health board. Responses indicate variation in structure of inpatient, outpatient, liaison service and community specialized clinics. There are different levels of support from COTE. Structured medical students' placements are shown in majority of responses. Finally, satisfaction of subconsultant-level doctors is clear by their wish to continue in the same field.

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Audit Review of GP Referrals to Perinatal Mental Health Team – Emphasis on Medication

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Aims. Audit had been completed with aim to review GP referrals to Perinatal Mental Health Services over a 6/12 month period.

Focus on medication, and information provided on referral proforma; prescribing via letters sent to Perinatal Mental Health Services.

The reason for undertaking this project is due to evidence of variance in practice in prescribing and documenting medications.

Methods. The project team retrospectively took 6 months of data each for the four localities and looked at the list from the weekly MDT during that period.

The team identified the GP referrals and then looked in detail at the referral in Carenotes System.

The data was collected on a proforma designed in Microsoft Word and was then sent to the Improvement Team for collation and analysis using Microsoft Excel.

Results. 66% used the referral proforma and 20% used the referral letter.

The majority (106) of referrals were for a routine review/nonspecific.

The majority (78) of referrals were post-natal. 25% of referrals did not indicate whether the patient was post-natal or antenatal and hence no Expected Date of Delivery [MS(CPT1)] entered.

10% of referrals medication had been stopped. 24% of patients were to review to start medication.

Results show that sertraline had been initiated the most frequently. 65% unspecified. In 26%, sertraline had been most frequently prescribed.

Where medication had been stopped, the majority of proformas (64%) were incomplete. 9% of patients had Selective Serotonin Reuptake Inhibitors suspended such as sertraline and citalopram.

Conclusion. In most cases, the reason for referral was unclear.

Medication was often stopped unnecessarily – for most medications, it was not indicated whether medication was started/stopped.

If patients were started on medication, sertraline and citalopram were either started or stopped most frequently.

We also found that some of the referrals were illegible.

We presented the findings within our perinatal mental health team meeting.

We found the following to be actioned, including discussions with local GP practices and/or local GP educational forums.

We hope to re audit following the above action.

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A Survey Into Child and Adolescent Mental Health (CAMH) Staff Wellbeing Within a Trust in England

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Aims. Sickness absences within the NHS have been on the rise with 27 million days across 2022, 22% of which were due to mental health and wellbeing related issues. The 2022–23 report on progress in improving NHS mental health services found that increased workload and staff shortages within the mental health sector was leading to concerns of staff 'burnout' and higher rate of staff turnover. There is an indication that CAMHs staff are at higher risk of poor wellbeing despite limited research in the UK. The audit aimed to gain insight into the wellbeing of staff working in CAMHs within the trust according to NICE Mental