

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.

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.

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

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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

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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

attendance. This emphasises the critical role of schools in facilitating access to mental health services.

Conclusion: This study highlights the significant impact of the COVID-19 pandemic on CAMHS service demand and the resilience of paediatric liaison teams in adapting to fluctuating caseloads. The findings underscore the critical role of schools in identifying and referring young people for mental health support and emphasise the importance of collaborative planning between healthcare and education sectors to prepare for future crises.

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Comparison of Medical Input on Older Adult Versus General Adult Psychiatric Wards – A Retrospective Study

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Aims: This study examines the level of medical input for physical conditions provided to older age psychiatry patients compared with general adult ward patients. The assessment focuses on the frequency of medical reviews, the reasons for these reviews (e.g. falls, infections, heart failure), and National Early Warning Score (NEWS) escalations. The aim was to identify disparities in medical involvement and determine whether increased staffing is necessary in older age psychiatry wards.

Methods: The study included patients from an old age psychiatry ward (aged 65 and above) and a general adult ward (aged 18–64) over a one-month period. Data were collected from medical continuation sheets, patient records, and NEWS score documentation. Key variables included the number of medical reviews, reasons for these reviews, and the frequency of NEWS score escalations (≥ 5). A total of 46 patients were included in this study. Comparative statistical analysis was conducted to quantify medical input disparities between the two wards.

Results: The analysis revealed significant differences in medical input between the two wards. The mean age of patients in the old age psychiatry ward was 73.2 years, compared with 35.1 years in the general adult ward. Older patients required substantially more medical reviews, with a mean of 5.05 per patient per month, whereas younger adults had a mean of 0.91 review per patient (a significant difference, $P < 0.0001$). The most common indications for medical reviews in older adults included falls, infections, heart failure, and respiratory distress. In contrast, younger adults primarily presented with milder complaints such as gastrointestinal issues and minor injuries. NEWS score escalations (≥ 5) occurred in 9% of older patients, compared with none in the younger cohort. Additionally, 21.7% of older patients required emergency department visits, significantly higher than the 4.3% observed in the general adult ward.

Conclusion: This study confirms a significantly higher requirement for medical input for older age psychiatry patients compared with general adult ward patients. It is recommended that additional medical staffing provision is considered in old age psychiatry wards.

Additionally, regular training on NEWS escalation management and interdisciplinary collaboration between psychiatry and medical teams may improve patient outcomes.

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Evaluating Inpatient Treatment Outcomes of Eating Disorders at Ty Llidiard General Adolescent Unit: Service Evaluation Project in South Wales

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Aims: Adolescents with eating disorders often require intensive inpatient care, and pharmacotherapy, including olanzapine, has been proposed as an adjunct to support weight restoration and reduce psychological symptoms such as food-related anxiety. However, evidence on olanzapine's effectiveness in real-world adolescent settings remains limited. Ty Llidiard is the only inpatient general adolescent unit covering the whole of South Wales. The aim of this project is to evaluate whether Ty Llidiard provides effective medical care for its patients with eating disorders. The primary aim is evaluating weight restoration achieved as well as overall improvement in functioning. The secondary aim is evaluating whether the use of olanzapine is effective in achieving the primary aim.

Methods: A retrospective evaluation was conducted on all adolescents admitted to Ty Llidiard unit between May 2018 and December 2023 with a primary diagnosis of an eating disorder. Data collected included demographic information, length of stay, changes in %mBMI, and functional outcomes as measured by the Children's Global Assessment Scale (CGAS). Comparisons were made between patients receiving olanzapine and those managed without pharmacotherapy. Data anonymization protocols ensured confidentiality. All patients admitted to the unit over the study period were included which eliminates selection bias.

Results: The cohort comprised 93 patients. The average length of stay was 105 days, during which patients achieved a mean weekly weight gain of 1% mBMI (approximately 0.5 kg per week) and an overall increase in %mBMI of 13.1%. Functional improvements were observed, with CGAS scores increasing from admission to discharge with an overall increase of 18.9 points. However, no significant differences in weight restoration or CGAS improvements were found between the olanzapine and non-pharmacotherapy groups. This result was no different when the analysis was limited to detained patients (marker of severity) or included those with any diagnosis of ED (not just as a primary diagnosis). There was more use of MHA in more unwell patients.

Conclusion: Ty Llidiard unit demonstrated effective treatment for weight restoration and functional improvement in adolescents with eating disorders. Evidence from RCTs and meta-analyses on olanzapine use in adolescents with eating disorders presents mixed findings. However, the findings from Ty Llidiard indicate that olanzapine does not provide additional benefits for these outcomes. These results challenge the routine use of pharmacotherapy in high-acuity inpatient settings and underscore the need for further research