assertive outreach approach for physical health checks by mental health specific nurses and support workers. The evaluation explored compliance with physical health check processes, follow-up practices for abnormal results, and the role of social deprivation in influencing health check uptake. It sought to identify barriers, assess adherence to policy guidelines, and recommend improvements for managing cardio-metabolic risk.

Methods: Data for the evaluation was drawn from the AWP (Avon and Wiltshire Partnership) electronic record system, focusing on cardio-metabolic screening forms and associated documentation. The sample period was for the financial year 2022/2023 with a total sample size of 21 service users (SU); 16 SU who received physical health checks, 4 SU who did not and 5 SU who are deceased. A literature review guided the methodological framework, focusing on studies and policies addressing cardio-metabolic risks in SMI populations. Data analysis examined compliance rates, abnormal result follow-ups, and the impact of socioeconomic factors.

Results: Compliance with annual physical health checks improved from 67% to 84%, exceeding the national target of 65%, set by NHSE. The rates of high blood pressure, dyslipidaemia and higher risk alcohol use appear to be lower in BSW than national averages. The rates of smoking, raised glucose, and obesity however are higher than national averages. Despite checks being done, the interventions recorded are low (43%) and care plans were in place for only 52% of the service users audited. Service users from socially deprived areas exhibited lower engagement rates, highlighting inequality in service access. Findings also emphasized the importance of assertive engagement strategies and specialized physical health training for mental health professionals.

Conclusion: While progress in compliance rates reflects successful implementation efforts, challenges persist in ensuring comprehensive follow-up care and addressing health inequalities. The evaluation recommends enhanced collaboration between secondary and primary care, improved training for staff, and targeted interventions for socially deprived groups to mitigate cardio-metabolic risks. Future efforts should focus on refining data-sharing processes and promoting integrated care to ensure sustained health outcomes for SMI populations.

Support and Adjustments for Neurodiverse Students Referred to Greater Manchester Universities Student Mental Health Service

Dr Emmalene Fish[1], Dr Timothy Alnuamaani[2] and Mr Simon Postlethwaite[2]

[1]Pennine Care NHS Foundation Trust, Greater Manchester, United Kingdom and [2]Greater Manchester Mental Health, Greater Manchester, United Kingdom

doi: 10.1192/bjo.2025.10482

Aims: Are neurodiverse university students, referred to Greater Manchester University Student Mental Health Service (GMUSMHS), receiving the Disability and advisory support services (DASS) input they are entitled to? If not, are GMUSMHS recognising this and signposting appropriately?

Methods: In the interest of improving equality and diversity, along with access to higher education, services to support the increasing numbers of neurodiverse students are available. GMUSMHS uses a needs-led approach, across the 5 Greater Manchester universities. It can also ensure those struggling with complex mental health needs, alongside neurodivergence, can be signposted to appropriate educational support/adjustments. Enabling them to thrive and reach their academic potential.

16 referrals mentioning Neurodiversity within the designated 3-month period were identified. Initial referral forms, GMUSMHS assessment notes and outcomes were reviewed for DASS input. There were no exclusion criteria.

Results: From our sample 69% had a working diagnosis of Autistic spectrum condition (ASC). In all cases, where the diagnosis was not confirmed, the student was offered screening or onward referral for diagnosis. Six of the students were not noted to be under DASS and were not documented to have been signposted. All students who engaged with GMUSMHS were offered an intervention, this included extended assessment, case management, formulation sessions, Connecting people, emotion regulation/compassion focused therapy group, and PTSD/trauma education group.

Conclusion: Neurodivergent students may not be accessing the educational support and adaptations they are entitled to. GMUSMHS are supporting referrals for diagnosis of neurodiversity. They are not, however, consistently documenting if these students are accessing, or have been referred to DASS. Raising awareness and improving a collaborative approach between GMUSMHS and DASS is required. Including prompts on referral forms and assessment proformas may be helpful. A neurodivergent service lead has been allocated and service development to improve access for this client group has begun.

Dying for a Drink: An Alcohol Care Team Evaluation Two Years Post Implementation

Ms Katie French and Mrs Denise Garton

Derbyshire Healthcare NHS Foundation Trust, Derby, United Kingdom

doi: 10.1192/bjo.2025.10483

Aims: Alcohol specific mortality and alcohol-related hospital admissions in England have continued to rise, with local statistics for Derbyshire worse than the national average. Alcohol Care Teams (ACTs) aim to improve the care received by those in hospital for alcohol misuse, with evidence showing they can reduce admissions, readmissions, and length of stay. Since ACTs have been stipulated in the NHS long-term plan, we wanted to gain insight into our local provision at the Royal Derby Hospital and the impact of the service two years post implementation.

Methods: Data relating to presentations, care provision, and outcomes were extracted from the electronic patient record system from September 2022 to August 2024. 3514 adults aged 18 years and over were referred to the ACT. Data regarding hospital admission rates, readmission rates, length of stay, and admission codes were requested from the University Hospitals of Derby and Burton Trust.

Results: Alcohol referral numbers have increased by 58%, with 76% of patients receiving an assessment or advice and guidance. For those not seen, 70% were discharged before an intervention could take place. 49% of patients had an AUDIT-C (Alcohol Use Disorders Identification Test for Consumption) score of 12, with scores over 10