

Conclusion. A relatively high proportion of participants screened positive for head injury and ADHD in this population. A history of head injury was associated with positive screening on the ASRS, which is consistent with previously reported associations between these conditions in other populations. A similar relationship was not seen with the B-BAARS however, and it is notable that fewer participants in the sample screened positive on the B-BAARS than using the ASRS. Few ($n = 5$) patients were able to provide detailed descriptions of head injuries using the BISI, suggesting that the BISI may not be suitable in this specific population as a screening tool.

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.

Weight Monitoring and Antipsychotics: Are We Compliant With NICE Guidelines?

Dr Byrone Mitchell*, Dr Gary Chivers and Dr Jenny Drife
South London and Maudsley NHS Foundation Trust, London,
United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.100

Aims. To improve Antipsychotic weight monitoring for patients within the Homeless Outreach (START) team.

Methods. All adult patients accepted by the START team (Lambeth, Southwark, and Croydon locations) between June and October 2022 that had been initiated on Antipsychotic medication were identified retrospectively ($n = 11$).

Electronic notes (ePJS) of these patients were subsequently reviewed to assess the following:

1. Was there compliance with NICE weekly weight monitoring (for the first 6 weeks) following Antipsychotic initiation?
2. Was weight measured at least once following Antipsychotic initiation?
3. Was a Physical Health Screen documented following Antipsychotic initiation?

Results. During the audit period a total of 56 patients were accepted by the START team. Of these 11 (20%) were initiated on Antipsychotic medication. 0 patients had weekly weight monitoring compliant with NICE guidelines. 0 patients had their weight measured at least once following Antipsychotic initiation. A Physical Health screen was documented for 4 (36%) patients following Antipsychotic initiation.

Conclusion. This audit highlighted the poor compliance of weight monitoring in this cohort of patients, which can be attributed to several reasons. The homeless population are known to have poor engagement with health services. This coupled with reduced staff awareness of NICE antipsychotic monitoring guidelines can act as a barrier to carrying out appropriate physical health checks.

1. The following interventions were implemented:
2. To address staff awareness, START team members were given a presentation on the importance of Antipsychotic monitoring and current NICE guidelines.
3. An alert will be added to patient notes (ePJS) on initiation of Antipsychotic medication to remind staff to carry out required weight monitoring.
4. Portable weighing scales were purchased for the team to ensure patients' weight can be measured on outreach reviews.

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.

Can You Teach Clinical Communication Virtually?

Dr Adam Montgomery^{1*}, Mr Faez Ramjan²,
Dr Alistair Cannon¹, Miss Sae Kohara², Dr Chloe Saunders¹,
Miss Deekshitha Umasankar², Miss Lois Zac-Williams²
and Dr Sophie Butler¹

¹South London & Maudsley NHS Foundation Trust, London,
United Kingdom and ²King's College London, London,
United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.101

Aims. An extracurricular clinical communication course called PsychED Up, with a focus on Psychiatry, met with challenges during the COVID-19 pandemic and the associated social distancing requirements. The course is usually delivered face-to-face by a small team of doctors, medical students, actors and lived-experience practitioners, and consists of large-group teaching on a weekly topic, followed by small group simulations. A small-scale study was performed to evaluate whether conducting clinical communication teaching and simulation online was acceptable, effective and feasible.

Methods. Twelve students and ten faculty members participated in the online session, performing live clinical scenarios with simulated patients, over a two-hour period. Pre- and post-course questionnaires were designed with quantitative measures of confidence and qualitative questions about participants' experience. Eight students completed both questionnaires. Questionnaire answers were analysed using a mixed-methods approach, with themes identified from the qualitative long answers, and statistical analysis of quantitative answers was also performed.

Results. Students found the session beneficial, with all indicating that they would sign up for a full online course. Based on answers to the quantitative questions, 50% of students felt more prepared for their clinical examinations. ($p = 0.046$). However, all participants noted a reduction in their ability to read non-verbal cues and body language. Returning students found they were less attentive during the session compared with the original face-to-face teaching ($p = 0.05$). Actors and faculty members found that the online course was feasible, acceptable and effective. However, most agreed that it was not preferable to teaching clinical communication skills face to face. Technological issues were minimal.

Conclusion. The majority of students and faculty found the session both beneficial and enjoyable, but felt face to face sessions would be more helpful in teaching clinical communication. Student attentiveness and awareness of non-verbal cues were highlighted as concerns. However, students generally responded positively to the online course, particularly the quality and diversity of peer feedback. Teaching clinical communication virtually has the potential to be successful, and has implications for future undergraduate medical teaching.

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.

Working Towards a Greener NHS: Exploring Psychiatrists' Attitudes Towards the Climate Crisis

Dr David Hall¹, Dr Daniel Romeu^{1,2}, Miss Hannah O'Donohoe^{2*},
Miss Gayathri Srinivasaraghavan² and Dr Sharon Nightingale¹

¹Leeds and York Partnership NHS Foundation Trust, Leeds,
United Kingdom and ²University of Leeds, Leeds, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.102

Aims. The primary aim of this project was to explore the attitudes of doctors employed by Leeds and York Partnership NHS Foundation Trust (LYPFT) towards climate change and sustainability issues. Secondary aims were to ascertain psychiatrists' knowledge of current efforts to mitigate the impact of healthcare on the climate, and to identify barriers to action against the climate crisis.

Methods. This was a cross-sectional study using a self-completed questionnaire designed by the team on an online platform (Survey Monkey, www.surveymonkey.co.uk). It was open from 23 August to 19 September 2022 and shared via email with doctors of all grades employed by LYPFT (n = 211). Likert-scale and multiple-choice responses were analysed using descriptive statistics and two-sided t-tests. Free-text responses were analysed independently by four researchers (DH, DR, HO, GS) using thematic analysis. Participants were required to agree to an online consent statement before proceeding. The study was carried out in accordance with University of Leeds ethical protocols.

Results. 66 doctors completed the questionnaire (31.3% response rate) of whom 24 (36.3%) were consultants and 42 (63.6%) were junior doctors. 57 (86.3%) respondents agreed that climate change is harmful to mental and physical health. 42 (63.6%) indicated that the climate emergency was relevant to their role, and 46 (69.7%) felt that climate and sustainability issues should be included in educational curricula for all healthcare professionals. Only 4 (6.1%) were aware of the Trust's strategies to mitigate its impact on the climate, and 7 (10.6%) were familiar with the remit and content of the Greener NHS Plan. There were no statistical differences in responses to these questions between consultants and junior doctors.

The most commonly perceived barriers to reducing the Trust's impact on the climate were a lack of willingness to change current practice (n = 28, 42.4%), poor awareness of the impact of the healthcare industry on the climate (n = 16, 24.2%), and an absence of guidance on sustainable practice (n = 15, 22.7%). Three themes emerged among free-text responses to this question: clinical priorities taking precedent, extensive use of pharmaceuticals and a lack of appropriate infrastructure and resources.

Conclusion. LYPFT doctors appreciated the significance of the climate crisis and its relevance to their role as healthcare professionals. However, there is a lack of awareness of local and national efforts to mitigate the impact of healthcare on the climate. Future work should raise awareness of the association between planetary and human health and encourage stakeholders to prioritise sustainability issues.

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.

RESHAPE: Changes in the Prevalence of Eating Disorders Among Children and Young People Between 2017 and 2021; a National Survey

Aslihan Baser MSc¹, Professor Tamsin Jane Ford¹, Dr Tamsin Newlove Delgado², MPhil Jessica O'Logbon^{1*} and MSc Lauren Cross¹

¹University of Cambridge, Cambridge, United Kingdom and

²University of Exeter, Exeter, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.103

Aims. The last few years have witnessed dramatic increases in presentations of eating disorders to mental health services for children and adults, which could relate to a greater number of people seeking help or to an increase in eating disorders at the population level. Aims: To evaluate the feasibility of online completion of a single module of the compare the Development and Well-Being Assessment (DAWBA) and to estimate the population prevalence of eating disorders among children and young people aged 6 to 19 years in 2017 and 2021, and to estimate the prevalence of eating disorders among emerging adults aged 20 to 23 years in 2021.

Methods. The Mental Health of Children and Young People in England was a cross-sectional survey of a probability sample that recruited 9,117 children and young people in 2017. Follow-up surveys were conducted in 2020, 2021 and 2022. The DAWBA, a multi-informant standardised diagnostic assessment, was completed by parents, teachers and young people aged 11 years or more in 2017. It covered all common mental health conditions, including eating disorders. In 2021 and 2022, parents and young people aged 11 years and over completed the five initial DAWBA screening items to assess eating difficulties as part of the follow-up questionnaire. In 2021, parents and young people who screened positive (n = 1030) were invited to complete the DAWBA eating disorder module online, and a small team of clinical raters reviewed their reports to assign diagnoses according to DSM 5.

Results. There was a year delay in the provision of contact details to contact screen positives, and the response rate was 37% overall, comprising 28% of children aged 11 to 16 years, 23% of young people 17 to 25 years and 19% of parents initially invited. Our results illustrate the large and sustained increase in screen positives between 2017 and the follow-up surveys. We are currently quality-checking the clinical rating for the 2021 data, so we are close to a final prevalence of eating disorders for 2021.

There was an increase in the proportion of children aged 11–16 years with eating difficulties between 2017 (8.4% girls, 5.1% boys) and 2021 (17.4% girls, 8.4% boys), which was maintained in 2021 and 2022 (17.4% girls, 8.4% boys). There were similar findings for young people aged 17 to 19 years (60.5% girls, 29.6% boys 2017, 76% girls, 46% boys 2022).

Conclusion. Inviting multiple informants provided data on more children and young people although many only had a single report from the person who screen positive. Wave 4 (2023) will integrate the eating disorder module into the original questionnaire to improve response rates. We suspect that the increase in the prevalence of eating disorders will be small despite the large and worrying increase in eating difficulties.

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.

Off-Piste or Just Usual Prescribing in CAMHS? an Audit of Prescriptions and the Guidelines That Support Them

Dr Claire Roberts and Dr Jenny Brown

Humber Teaching NHS Foundation Trust, Hull, United Kingdom

doi: 10.1192/bjo.2023.104

Aims. The aim of this audit was to review the prescriptions in one community Child and Adolescent Mental Health Service (CAMHS) and to see whether these prescriptions were licenced for the prescribed indication and if the prescription was supported by national guidelines.

Methods. I reviewed the treatment of 77 patients who were assessed by the consultant psychiatrist in one CAMHS team between January 2020 and August 2022.