

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.

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.

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

Dr Shirley Roy* and Dr Paul Chima

PMHT, Coventry, United Kingdom

*Presenting author.

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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

Dr Iqra Shamim*, Dr Reka Ajay Sundhar and Dr Kiran Panesar
Black Country Health Care Trust, Birmingham, United Kingdom

*Presenting author.

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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

Wellbeing at Work (NG212) and highlight areas of concern and propose recommendations to improve staff wellbeing.

Methods. Anonymous self-report questionnaire, based on a validated tool recommended in the NICE NG212 guidance, was disseminated across four boroughs within the trust to measure wellbeing in the workplace. The survey had 19 questions, 17 requiring scores on Likert scales and 2 descriptive questions, aimed to gain information on the five drivers of wellbeing in the workplace (health, relationships, environment, security, and purpose).

Results. A total of 123 responses were analysed. Across all four boroughs, physical health scored worse than mental health. 44.7% of respondents felt they had inadequate facilities in the workplace to support their health and wellbeing. Further, 32.5% of responses disagreed/strongly disagreed that change was managed well in their organisation compared with 25% who agree/strongly agree. Key words such as staff-appreciation and team-building days recurred in qualitative responses across the trust. There were further site-specific differences. Research shows that provision of workplace exercises can be safely used for the promotion of employees' physical and mental health. Cost-effective strategies such as staff-appreciation and gratitude can improve job satisfaction thereby promoting staff retention. To consider elements of face-to-face contact with colleagues could also have a positive impact on psychological wellbeing due to more productive meetings; increased networking; increase of engagement and job satisfaction.

Conclusion. The CAMHS staff wellbeing survey provided useful insight into staff perception of their wellbeing at work. Repeating the survey, after implementing recommendations, would help identify important determinants. Despite the survey being limited to the specific trust, further research into CAMHS staff wellbeing across the UK could help facilitate improvements and help with staff retention.

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A Survey on Additional Health Risk Factors for Heroin Users Presenting in Emergency Department (ED) of Chesterfield, North Derbyshire

Dr Adeel Rauf, Dr Deepak Sirur* and Mr Martin Smith
Derbyshire Healthcare NHS Foundation Trust, Chesterfield, United Kingdom

*Presenting author.

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Aims.

1. To identify various physical and social health characteristics of heroin users to reduce further risks presenting to ED in Chesterfield, North Derbyshire.
2. To consider whether any characteristics identified could develop a targeted screening tool for enhanced interventions.

Methods. A retrospective review of ED notes was conducted from Chesterfield Royal Hospital using electronic patient records of heroin users who are under the care of Drug and Recovery Partnership (DRP) in Chesterfield, North Derbyshire. We developed a proforma for data collection analysis using Microsoft Excel.

100 patients were chosen over a time interval of one year in which they have had at least one ED presentation.

We looked into Body mass index (BMI), physical health diagnoses, number of presentations to the ED in one year, psychotropic medications, dose of opioid substitution therapy and living circumstances of the attendees. These characteristics were identified in a previous study of local mortality data.

Results. 46% of the attendees only presented once in the study interval.

83% of the attendees presented to ED due to a medical reason.

41% of the attendees had raised BMI.

73% of the attendees who attended were on Opioid Substitution therapy (OST). 51% of the attendees were using a dose between 70–100 ml of methadone.

27% of the attendees had co-morbid COPD and Asthma.

47% of the attendees were on prescribed psychotropic agents.

56% of them were prescribed mirtazapine.

44% of the attendees lived alone, 33% with a partner.

Conclusion.

1. Based on the sample, 83% of the heroin users presenting to ED in this period of study attended due to physical health concerns.
2. As half of the sample were not serial attenders (46%), it is important that opportunities of assessment for this high-risk group of people are not missed.
3. Nearly three quarters (73%) of the attendees were on prescribed OST, half of those were within optimised dose. This suggests for tighter links between liaison to local drug services to alert presentations with specific consideration of harm reduction interventions, dose optimisation or re-titration onto OST.
4. The data collected over this period supports the development of a pilot screening tool to prioritise enhanced care interventions with a specific focus on harm reduction for a specific group of high-risk heroin users.

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Introducing the Dementia Crisis Service in East Kent: Can We Reduce Rates of Hospital Admission?

Dr Swarupa SriBalaskanda* and Dr Bastiaan Veugelers
Kent and Medway NHS and Social Care Partnership Trust, Maidstone, United Kingdom

*Presenting author.

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Aims. Admissions to hospital can be traumatic for a person with dementia due to an inability to cope with unfamiliar environments, faces and routines. The dementia crisis service provides a rapid response and support, in particular to carers and care providers. The team support in managing problematic behaviours to avoid the need for a hospital admission. The team can complete physical examination and bloods in the home environment, reducing the need for involvement of further clinicians.

This project aims to evaluate the effectiveness of the dementia crisis service in reducing admissions to mental health wards.

Methods. The pilot for the service began in January 2023. We looked at the number of admissions to Heather ward, an older adult mental health ward in Canterbury, East Kent (the base of the team) over a 5 month period, between August 2023 – January 2024. We compared this to admission numbers a year ago. We looked at what proportion of patients were admitted with behavioural and psychological symptoms of dementia