equally important that the results of PHRs are communicated to the patient's primary care physician upon discharge. Communication between services is vital for continuity of care and to ensure that identified problems are managed effectively. On discharge, relevant data from these investigations should be communicated to the service user's registered GP surgery for appropriate follow-up care. Performing investigations without informing the service user's primary physician is an inefficient use of resources and may result in unnecessary repeated investigations and procedures. There is not currently an official system in place to assure that the investigations and results of PHRs are summarised and communicated upon discharge.

Methods. There were two steps taken in this stage of the QIP. First, a questionnaire was distributed to all members of the Sheffield Home Treatment Team, including medics, nurses, and STR workers. The responses were compiled and analysed to form the criteria and standards for an audit of previous discharges. Following this, an audit was performed for the months of June-July 2021, data were kindly collected by junior doctors. This data looked to determine whether previous discharges met the criteria and standards set by the questionnaire.

Results. The results of the audit showed that the discharges did not meet the standards set, with many containing little to no information. Only 49% of the service users with physical health reviews had any information provided on discharge. Of these, the contents of the summaries were varies and inconsistent, resulting in a significant amount of information becoming unavailable to the service user's GPs.

Conclusion.

1. The current system is insufficient in terms of handing over physical health information collected during investigations performed by the Home Treatment Team.
2. A proposed solution will be implemented in the coming months.
3. A re-audit will be performed to complete the audit cycle and assess the efficacy of the proposed solution.

Improving the Care of Children and Young People (CYP) Admitted to Adult Mental Health Psychiatric Beds in NHS Tayside Using Quality Improvement Methodology

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doi: 10.1192/bjo.2022.322

Aims. To reduce monthly bed days for children and young people (CYP) aged under 18 years admitted to adult psychiatric beds by 50%

Methods. QI tools used included driver diagram, stakeholder analyses, process mapping, ishikawa diagram, pareto chart and interviews with CYP and carers to gather qualitative data. Monthly data were collected on all admissions of CYP to adult mental health beds. Change ideas/ process changes included:

- Early senior psychiatric CAMHS review for all CYP admitted to adult psychiatric beds (same or next working day)
- Increased access to CAMHS medical records for out of hours staff
- Admission of all appropriate under 16's to paediatric beds instead of adult mental health beds
- Short test of change of staffing CAMHS specialist nurses over a weekend
- Develop alternative non-health crisis support/bed for CYP
- Develop Personality Disorder (PD) pathway

Results.

- Early senior CAMHS psychiatric review was associated with a reduction in CYP admitted to adult mental health beds from a median of 20 days a month to 2 days a month without an associated increase in CAMHS inpatient admissions
- Pareto chart showed that Personality Disorder (PD) was the commonest diagnosis
- Access to CAMHS medical records for all out of hours psychiatric medical staff was increased from 13% to 100%
- Routine admission to paediatrics for all under 16's was agreed with paediatric medical and nursing managers but not sustainably implemented
- There were no acute referrals to the CAMHS specialist nurses over the single weekend short test of change
- Development of an alternative non-health crisis support/bed and development of a Personality Disorder (PD) pathway is still in process

Conclusion. The primary outcome measure was successfully met with the median bed days of CYP admitted to adult mental health beds sustainably reduced from a median of 20 days to 2 days. This was associated with the implementation of routine early senior psychiatric CAMHS review and increased access to CAMHS health records for all medical staff providing psychiatric out of hours assessments. The change ideas including development of different admission pathways (paediatrics and non-health crisis bed), weekend CAMHS specialist nurses service and development of a personality disorder pathway were not implemented sustainably. The pathways of care around CYP presenting in crisis are complex. Making sustainable improvements in complex adaptive systems is complex and challenging but not impossible.

Attitudes and Experience of Autism and Learning disability(LD): A Survey of Mental Healthcare Staff

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doi: 10.1192/bjo.2022.323

Aims. To establish a baseline of staff experience and confidence in autism/LD. To inform how we deliver training going forward. To collect good practice examples of reasonable adjustments. To ascertain knowledge about the appropriate recording for information related to Autism/LD

Methods. All clinical and non-clinical staff of Leeds &York Partnership Foundation Trust(LYPFT), Bradford District Care Foundation Trust(BDCFT), South West Yorkshire Foundation Trust(SWYFT), Voluntary sectors, Local authority and Leeds Community Health Care NHS Trust (LCH)were invited to take part in the anonymised "Staff Autism and LD Survey" through the various trust wide email bulletins. Smart Survey was the platform used. It took about 5–7 minutes to complete, and the survey period was from 21/09/21 to 01/11/21

Results. A total of 225 members of staff across six organisations took part in the survey.

76% (170) were from LYPFT, 16(7%) from Voluntary Sector Organisations, 6%(14) from Local Authority and 3% from LCH 3%(7), Missing 14(6%), BDCFT 1%(2), SWYPFT 1%(2)

The majority were nurses 23% (52), followed by psychologists 10% (22).

18% (41) stated they would be interested in becoming an autism champion for their team/service.

Although 89% (200) had heard of the term "reasonable adjustments", 36% (81) had never seen a 'hospital passport' for an autistic or learning-disabled service user.

Only 24 (11%) said they knew where to record reasonable adjustments on the electronic patient record

In general staff were marginally more confident in making reasonable adjustments for people with autism than those with LD

Majority of staff preferred : face-to-face training, followed by e-learning and then videocall.

Conclusion. Generally, respondents reported feeling neutral or confident with respect to their confidence in recognising, diagnosing, and working with patients with autism. The number of staff that have indicated interest at becoming Autism champions is a testament to the growing interest and increasing awareness about Autism.

Regarding learning disability, respondents generally reported feeling neutral or confident across the three areas of recognising moderate to severe learning disability, recognising mild learning disability, and managing/treating mental health problems in service users with learning disability.

The very high number of staff (89%) that have heard of the term "reasonable adjustments" is quite commendable and is useful to know when planning what level to 'pitch' training in this area.

It is interesting however that staff feel more confident at making reasonable adjustments for people with Autism, rather than for LD. One wonders whether it is due to the increasing media publicity about Autism.

Paediatric Psychosocial Emergencies in Two Inner-City London Hospitals: Review of the Current Management and Critical Evaluation Using NICE Self-Harm Quality Standards (QS34)

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doi: 10.1192/bjo.2022.324

Aims. The paediatric wards support many children presenting with psychosocial crises. This has been increasing in recent years. NICE quality standards recommend that children who have self-harmed receive: a comprehensive psychosocial assessment, are assessed within 24 hours of referral if at high risk of suicide, a collaboratively developed risk management plan and monitoring to reduce risk of further self-harm. We aim to measure the number of referrals made by hospitals for acute psychiatric presentations and the adherence to the above quality standards by the Service for Adolescent and Families in Enfield.

Methods. We retrospectively audited inpatients referred by North Middlesex hospital and Barnet hospital. Referral data were collected over 5 years. Data collected between April 2018 and March 2019 were evaluated to review good practice and adherence to the NICE quality standards. For each patient, we collected data on whether they have had a comprehensive psychosocial assessment, if the assessment was completed within 24 hours, 7-day follow-up review and a documented risk assessment.

Results. There has been a 141% increase in hospital referrals to the service from 2014/15 to 2018/19. The service had 130 referrals between April 2018 and March 2019. 72% of referrals came from North Middlesex hospital and 28% were from Barnet hospital. Ages were between 5 and 18. Girls formed 74% of all presentations. 87% of patients presented with deliberate self-harm, suicidal ideation or suicide attempt. Of all referrals 100% had a comprehensive psychosocial assessment, 93% were seen within 24 hours of being referred, 97% had a documented risk assessment and 92% had a 7-day follow-up review.

Conclusion. Self-harm and suicidal ideation in children are rising, especially among girls aged 13 to 16 years (increased by 68% between 2011 and 2014). The gender inequality in our referrals further supports these findings. Higher rates of self-harm have been shown in more deprived areas and could be associated with gang involvement, bullying, abuse, gender identity and family issues. We have developed an assessment protocol and safety plan, are liaising with hospitals daily to arrange assessments and follow-up. Paediatric nurses have been trained in the time to talk programme and a full-time crisis liaison nurse has been employed. This will be re-audited to measure effectiveness of interventions.

Developing a New Neuromodulation Treatment Pathway for the Treatment of Depression

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doi: 10.1192/bjo.2022.325

Aims. To ensure an appropriate treatment pathway is available to patients diagnosed with Depression a STEPPED care model where different types of intervention are offered depending on the patient's experienced severity of Depression. However, a great percentage of patients continue to experience disabling symptoms and fall into the Treatment Resistant Depression (TRD) category. There was a need to review the options available within local Mental Health Services (MHS) for the treatment of patients with depression and TRD.

Methods. A new clinical pathway was designed to provide access to patients to emerging treatments, such as EsKetamine, Vagal Nerve Stimulation (VNS) and repetitive Transcranial Magnetic Stimulation (rTMS). After calculating the local impact of depression to patients, trust resources and society we extrapolated our calculations to neighbouring Trusts covering the South West. A newly developed business plan demonstrating the need for new treatment options and the benefits, financial and otherwise, was presented and underwent various approvals levels by the Trust Governance and Executive Committees and local commissioning groups, before being able to proceed. Within the original business plan, rTMS and VNS were offered in addition to the existing ECT as parts of a new treatment pathway. We are now in the process of incorporating EsKetamine and Transcranial Direct Current Stimulation (tDCS). The clinic was set up in March 2020, just at the beginning of the pandemic, which halted operations for quite a few months before being able to resume recently

Results. We have managed to treat patients with both VNS and rTMS from our Trust, as well from surrounding areas. Patients have already experienced benefits in the recovery from symptoms. The new service has provided another line of support for colleagues in offering bespoke treatment plans to their patients and patients have appreciated having access to new non-traditional treatment options.

Conclusion. Although there has been a primary result in improving patient care, income generation is also possible by positioning the Trust in the forefront of new therapeutics and allowing the provision of service to expand to neighbouring Trusts and private patients. Other benefits are associated with the Trust's reputations and kudos being enhanced and include the forging of new