

Neurodiversity Assessments and Management in Community Mental Health Services

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Aims: This quality improvement project aimed to improve the experience and outcomes for neurodiverse patients accessing secondary community mental health services. It focused on reducing delays in neurodevelopmental assessments, delivering timely and evidence-based interventions, and enhancing clinician awareness and skills in identifying symptoms indicative of neurodiverse conditions, particularly in patients with co-occurring mental health needs.

By integrating these goals, the project aspired to create a more inclusive and effective care environment for neurodiverse individuals.

Methods: This project involved a structured approach.

Identification of Patients: Patients with symptoms suggestive of neurodiverse conditions were identified during multidisciplinary team (MDT) meetings, followed by a review of clinical records for relevant indicators, in secondary community mental health services.

Comprehensive Assessments: Each patient underwent a full psychiatric assessment, which included clinical and semi-structured interviews informed by validated tools to ensure a thorough evaluation of neurodevelopmental symptoms.

Feedback and Evaluation: Clinician feedback and patient survey were collected to assess the project's impact on care delivery, patient engagement, and satisfaction with the services provided.

Results: This project achieved notable results, with 18 patients referred for neurodevelopmental assessments and 15 assessments completed. Of those, 60% received a confirmed diagnosis, with 77.78% diagnosed with ADHD and 22.22% with autism spectrum disorder (ASD). All patients received individualized interventions, including psychoeducation and tailored treatment plans. ADHD patients were monitored at 2-week, 4-week, and 8-week intervals for medication management, while ASD patients were referred for psychosocial support. Additionally, four patients used an ADHD digital support tool (SilverCloud) to manage ADHD and anxiety symptoms.

However, challenges such as comorbidities (e.g., substance misuse and PTSD) made patient engagement and follow-up more difficult. Some patients also struggled to use the digital support tool due to time limitations or personal preferences.

Conclusion: This project highlighted the importance of integrating neurodevelopmental assessments into secondary community mental health services. By reducing waiting, patient outcomes and satisfaction were significantly improved. Despite challenges such as comorbidities, the project highlighted the value of providing timely and personalized care for neurodiverse individuals. These findings offer valuable insights for future initiatives, stressing the need for mental health services that are both inclusive and responsive to the unique needs of neurodiverse patients.

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.

Streamlining Venepuncture: Reducing Time Wasted and Improving Patient Care on a Specialist Eating Disorder Unit (SEDU)

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Aims: Specialist eating disorder units (SEDUs) are unique among psychiatric units, in that there is a high incidence of electrolyte derangements due to the pathophysiology of refeeding. This requires careful monitoring of blood parameters with frequent venepuncture which often can be difficult due to strict mealtimes and post meal supervision as well as required group attendance in the SEDU.

Audit data demonstrated that the medical team spent about 3 hours every day and therefore 15 hours per week attempting to obtain blood samples from patients due to inefficient processes. Patients were often unavailable due to other commitments and so a maximum of 4 blood tests were obtained each day.

The primary aim of the project was to reduce the amount of time spent obtaining blood samples on the SEDU. Our secondary aims were to reduce patient uncertainty around venepuncture and to improve patient satisfaction.

Methods: A 'phlebotomy clinic' was implemented twice a week to replace daily venepuncture. The clinic was made up of 5-minute appointments and scheduled based on the published weekly ward schedule to avoid any protected mealtimes and group activities. The clinics took place at the start of the week to allow more time for results to be analysed and actioned.

Universal consent was gained from our patient group by discussion at the community meeting. It was agreed that a list of appointments would be published on the notice board and patients would be reminded about the clinic at morning check in.

The amount of time spent obtaining blood samples was self-reported by doctors at the end of the week and patient satisfaction was graded using a qualitative questionnaire.

Results: Implementation of the phlebotomy clinic saved 13 hours of time per week. Over three separate phlebotomy clinics, the average time spent obtaining blood samples was 35 minutes with 25 minutes of admin time and an average of 6 blood samples were taken at each clinic. Patient adherence to appointment times varied between clinics with a range of 66–100% adherence and this impacted the efficiency of the clinic. Patient questionnaires demonstrated that 100% of patients preferred the new format.

Conclusion: We concluded that the implementation of a formal 'phlebotomy clinic' significantly improved efficiency of venepuncture on the SEDU allowing more time to be spent engaging in other aspects of patient care. In addition, patient satisfaction improved and we believe that this in turn can greatly benefit the therapeutic relationship.

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