

Systematic Literature Review on the Impact of COVID-19 Pandemic on Referrals to Child and Mental Health Services (CAMHS) in United Kingdom (UK)

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Aims. Child and Adolescent Mental Health Services (CAMHS) is a highly specialised service to which children with severe mental health problems are referred. The COVID-19 pandemic brought with it a lot of uncertainty, and healthcare systems across the UK struggled to cope with the added pressure. The aim of this systematic review is to analyse the literature exploring the effects of the COVID-19 pandemic on the severity of mental health conditions and referral rates to CAMHS services in the UK. The findings from this study will help the services understand the impact of the pandemic on referral rates to CAMHS, the severity of various mental health conditions, and how the services are managing.

Methods. An extensive search, following PRISMA guidelines, was undertaken across multiple electronic databases using a predetermined search strategy. Studies reporting on mental health conditions in children post-pandemic and on referral rates to CAMHS in the UK were included. Subsequently, data extraction, quality appraisal and qualitative analysis were performed in a descriptive style.

Results. Initially, referrals to CAMHS decreased during the first lockdown, followed by a significant increase in referrals throughout the pandemic period. The referral rate to CAMHS remains steady until adolescence, with a rapid increase in referrals to the services during the teenage years. More adolescent girls were referred to CAMHS compared with boys and are at an increased risk of developing mental health conditions. A higher number of children and young persons presented with urgent referrals and heightened symptoms during the pandemic compared with the pre-pandemic levels. In particular, there was a significant increase in children presenting with eating disorder problems, accompanied by an increased severity of symptoms. Furthermore, there was an observed rise in depression and anxiety among children and young people, along with an increase in the use of antidepressant medication.

Conclusion. Referrals to CAMHS increased during the pandemic, with increased severity of symptoms observed, particularly in children and young people with eating disorders and neurodevelopmental conditions. Future research should explore the enduring impact of the pandemic on referral rates and presentations to CAMHS. This exploration is essential to aid senior managers and policy-makers in decision-making, enabling the implementation of appropriate measures to manage the pattern of demands on CAMHS and shape the future service delivery of CAMHS in the UK.

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.

An Audit of the First Stage of Service Development Initiatives Undertaken as Part of a Quality Improvement Process to Improve the Screening and Management of Older Adults Presenting With Delirium in Queen's Hospital (NELFT)

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Aims. To improve the detection of delirium amongst patients aged over 65 in Queen's Hospital, and then incorporate a clearer management pathway for these patients to be treated safely with more appropriate intervention and better follow up care. As part of the management pathway, the aim was to increase the delirium referrals made to the local Dementia and Delirium Team for quicker implementation and education regarding non-pharmacological interventions in treating delirium, whilst ensuring that Psychiatric Liaison Service (PLS) referrals for delirium were also appropriate.

Methods. A multi-phase approach to quality improvement and service development for patients with delirium has been adopted, and the first step is to improve the screening of patients over 65 years old with delirium and then to refer to appropriate teams accordingly. Our first intervention was changing the PLS referral form. It has been simplified with less input data required, and now includes a mandatory 4AT screening score for delirium, as well as a mandatory referral to the Dementia and Delirium Team for any patient with positive screening for delirium. The intervention was implemented in November 2023, with pre and post intervention data collected in October and December 2023 respectively. Data was collected prospectively and retrospectively using medical notes.

Results. Queen's Hospital PLS received a total of 60 older adult referrals in October 2023 and 49 referrals in December 2023, of which the total proportion of referrals diagnosed with delirium was 47% and 35% respectively (12% absolute reduction). The proportion of patients referred to the PLS team with delirium, who did not require further intervention after initial assessment, had reduced by 29% (87% to 58%). The proportion of patients with delirium referred to PLS, who had also been appropriately screened and referred to the Dementia and Delirium Team prior to PLS assessment, has also increased by 4%. There has been a marked increase in total delirium referrals to the Dementia and Delirium team after intervention, from 31 referrals in October to 85 referrals in December (174% increase).

Conclusion. There is an improvement in screening for delirium, with marked increase in referrals made to the Dementia and Delirium team. There is a decrease in uncomplicated delirium referrals who do not require further PLS intervention and can be appropriately managed with the Dementia and Delirium team input.

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Assessment and Management of Eating Disorders at Community CAMHS in South Lanarkshire: A Quality Improvement Project

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Aims. An evaluation of the service and care provided to eating disordered patients referred to Tier 3 CAMHS within NHS Lanarkshire. Eating disorders are recognised as a relatively common disease with preventable mortality. The primary aim was to determine if patients with eating disorders adhere to the assessment and management as outlined in MEED and SIGN 164. The secondary aim was to scope the number of eating disordered cases to plan recruitment and training of specialist staff.

Methods. The pilot study was carried out in November 2022 and repeated in January 2024. The Electronic Patient Record and paper notes of eating disordered cases assessed in 2023 were used to audit against MEED and SIGN 164. Additional patient demographics including patient's age, sex, median BMI at initial appointment, working diagnosis and suspected co-morbidity were also collected. The service was further evaluated on its processes from source of referral, time taken to be seen, therapies offered and duration within service.

Results. A total of 46 cases were identified in the audit compared to 57 in the pilot study. Most of the cases seen in 2023 were girls in their early teens (89% between the ages 13–16). 10% have a median % BMI <80%. 15 were given a diagnosis of AN (33%), 4 with BN (9%), 4 with ARFID (9%), 2 with OSFED (4%) and 19 with no formal diagnosis (42%). There was a high level of suspected comorbidity (80%).

Referrals were mostly made by GPs (87%), followed by school (11%) and other professionals (2%). The average time taken for the initial assessment was 63 days (40% were seen within 4 weeks). 14 (30%) of cases were offered FBT only whereas 3 (7%) had CBT-E. 7 (15%) did not receive any intervention and 19 (41%) were given other therapies.

With respect to the MEED risk markers, there had been improved recording of weight changes (40% to 80%), hydration status (40% to 70%), temperature (5% to 30%), bloods, over exercising (85% to 90%), purging (75% to 85%) and self-harm behaviours (85% to 90%). However there had been reduction in the recording of BP/HR (80% to 50%), ECG (75% to 40%) and engagement with services (75% to 60%).

Conclusion. Overall, there's some improvement in assessment and management of ED cases but the standard remains inadequate. This project has helped understand the gaps in services and provisions available. Ongoing evaluation is required to help steer service development and optimise patient care.

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Improving Quality and Satisfaction With Handover at the Riverside Centre, Hillingdon

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Aims. This project was launched in January 2022 to improve handover between on-call teams and wards, following GMC concerns in 2020 with the out-of-hours handover process. In 2021, a 'Hospital At Night' Microsoft Teams evening meeting was successfully introduced. However there remained low satisfaction with other areas of the handover process, including use of paper forms to handover between shifts. The aims of the project

were to review the current handover process and improve quality and satisfaction of handover. The target was to improve baseline satisfaction with the handover process by 20% (6 months after change implementation).

Methods. A driver diagram was built to identify factors contributing to quality and satisfaction with handover and develop change ideas.

Qualitative surveys using Likert rating scales were sent to all doctors to explore satisfaction with handover format and quality of information received. Opinions of doctors and the wider MDT were used to develop ideas and evaluate support for change. Surveys were repeated following each cycle.

From July 2022, interventions were introduced and monitored over four QIP cycles. This included an electronic handover in the form of a twice-daily email handover list, which was updated following feedback. Microsoft Teams morning weekend meetings were then introduced and modelled on the existing 'Hospital At Night' protocol.

Results. Following interventions, the percentage satisfaction with handover format improved from a baseline of 14% and was maintained at an average of 81% across 15 months.

The satisfaction with the quality of handover improved from 36% and was maintained at an average of 97%.

The weekend virtual handover has also been well received with 71% satisfaction. This maintains the satisfaction levels achieved with the 'Hospital At Night' virtual handover. The involvement of the MDT has been high with 71% of doctors satisfied that the necessary team members are attending.

Conclusion. Introducing a standardised electronic twice-daily handover has improved satisfaction with and quality of handover. It has also improved communication between on-call teams and wards.

The introduction of additional virtual handover meetings at the weekend has also been well received. It allows another opportunity to strengthen clinical leadership and the MDT to work more effectively out-of-hours. Future intervention will be targeted at standardising the content of these meetings and attendance in line with the 'Hospital At Night' protocol.

We aim to monitor local benefit from these changes, and expand this project to other hospital sites which are not yet using an electronic handover system.

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Thematic Review of Serious Incidents in a Liaison Psychiatry Service

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Aims. NHS England defines serious incidents as events in health care where the consequences are so significant that they warrant a comprehensive response. Serious incidents are individually reviewed, as per national standard practice, in our liaison psychiatry service line at West London NHS Trust. The aims of these individual reviews include system wide learning, organizational accountability and to make changes to the system to prevent a repetition.