

attendance. This emphasises the critical role of schools in facilitating access to mental health services.

Conclusion: This study highlights the significant impact of the COVID-19 pandemic on CAMHS service demand and the resilience of paediatric liaison teams in adapting to fluctuating caseloads. The findings underscore the critical role of schools in identifying and referring young people for mental health support and emphasise the importance of collaborative planning between healthcare and education sectors to prepare for future crises.

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.

Comparison of Medical Input on Older Adult Versus General Adult Psychiatric Wards – A Retrospective Study

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Aims: This study examines the level of medical input for physical conditions provided to older age psychiatry patients compared with general adult ward patients. The assessment focuses on the frequency of medical reviews, the reasons for these reviews (e.g. falls, infections, heart failure), and National Early Warning Score (NEWS) escalations. The aim was to identify disparities in medical involvement and determine whether increased staffing is necessary in older age psychiatry wards.

Methods: The study included patients from an old age psychiatry ward (aged 65 and above) and a general adult ward (aged 18–64) over a one-month period. Data were collected from medical continuation sheets, patient records, and NEWS score documentation. Key variables included the number of medical reviews, reasons for these reviews, and the frequency of NEWS score escalations (≥ 5). A total of 46 patients were included in this study. Comparative statistical analysis was conducted to quantify medical input disparities between the two wards.

Results: The analysis revealed significant differences in medical input between the two wards. The mean age of patients in the old age psychiatry ward was 73.2 years, compared with 35.1 years in the general adult ward. Older patients required substantially more medical reviews, with a mean of 5.05 per patient per month, whereas younger adults had a mean of 0.91 review per patient (a significant difference, $P < 0.0001$). The most common indications for medical reviews in older adults included falls, infections, heart failure, and respiratory distress. In contrast, younger adults primarily presented with milder complaints such as gastrointestinal issues and minor injuries. NEWS score escalations (≥ 5) occurred in 9% of older patients, compared with none in the younger cohort. Additionally, 21.7% of older patients required emergency department visits, significantly higher than the 4.3% observed in the general adult ward.

Conclusion: This study confirms a significantly higher requirement for medical input for older age psychiatry patients compared with general adult ward patients. It is recommended that additional medical staffing provision is considered in old age psychiatry wards.

Additionally, regular training on NEWS escalation management and interdisciplinary collaboration between psychiatry and medical teams may improve patient outcomes.

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Evaluating Inpatient Treatment Outcomes of Eating Disorders at Ty Llidiard General Adolescent Unit: Service Evaluation Project in South Wales

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Aims: Adolescents with eating disorders often require intensive inpatient care, and pharmacotherapy, including olanzapine, has been proposed as an adjunct to support weight restoration and reduce psychological symptoms such as food-related anxiety. However, evidence on olanzapine's effectiveness in real-world adolescent settings remains limited. Ty Llidiard is the only inpatient general adolescent unit covering the whole of South Wales. The aim of this project is to evaluate whether Ty Llidiard provides effective medical care for its patients with eating disorders. The primary aim is evaluating weight restoration achieved as well as overall improvement in functioning. The secondary aim is evaluating whether the use of olanzapine is effective in achieving the primary aim.

Methods: A retrospective evaluation was conducted on all adolescents admitted to Ty Llidiard unit between May 2018 and December 2023 with a primary diagnosis of an eating disorder. Data collected included demographic information, length of stay, changes in %mBMI, and functional outcomes as measured by the Children's Global Assessment Scale (CGAS). Comparisons were made between patients receiving olanzapine and those managed without pharmacotherapy. Data anonymization protocols ensured confidentiality. All patients admitted to the unit over the study period were included which eliminates selection bias.

Results: The cohort comprised 93 patients. The average length of stay was 105 days, during which patients achieved a mean weekly weight gain of 1% mBMI (approximately 0.5 kg per week) and an overall increase in %mBMI of 13.1%. Functional improvements were observed, with CGAS scores increasing from admission to discharge with an overall increase of 18.9 points. However, no significant differences in weight restoration or CGAS improvements were found between the olanzapine and non-pharmacotherapy groups. This result was no different when the analysis was limited to detained patients (marker of severity) or included those with any diagnosis of ED (not just as a primary diagnosis). There was more use of MHA in more unwell patients.

Conclusion: Ty Llidiard unit demonstrated effective treatment for weight restoration and functional improvement in adolescents with eating disorders. Evidence from RCTs and meta-analyses on olanzapine use in adolescents with eating disorders presents mixed findings. However, the findings from Ty Llidiard indicate that olanzapine does not provide additional benefits for these outcomes. These results challenge the routine use of pharmacotherapy in high-acuity inpatient settings and underscore the need for further research

into the role of olanzapine in adolescent eating disorder treatment. This provides real-world generalisable information, especially for clinicians working in specialist inpatient services.

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Evaluating Ethnic Disparities in Restrictive Practices in Broadmoor High Secure Hospital

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Aims: Manual and mechanical restraint are restrictive practices that are applied as a last resort in a high secure psychiatric setting in order to manage risk to self, others and to deliver safe care. These interventions can have inherent risks to the physical and mental health of patients and staff. Previous studies have shown a discrepancy in the way patients from different ethnic backgrounds can experience restrictive practice in mental health care settings. This service evaluation aims to understand whether a patient's ethnicity has an influence on the use of manual and mechanical restraint at Broadmoor High Secure Hospital by considering restraint variables alongside demographic and risk factors.

Methods: This quantitative study involved the retrospective data collection of all manual and mechanical restraints in the hospital between April 2023 to April 2024. Manual restraints included 63 patients and 354 incidents. Mechanical restraints included 12 patients and 70 incidents.

Demographic variables included patient ethnicity, length of admission, index offence and psychiatric diagnosis. Restraint variables included frequency, duration, type, reason for restraint and target of the incident.

Results: Inferential analysis showed no statistical difference between the ethnic distribution of the manually restrained patient population and the ethnic distribution of the whole hospital patient population.

Descriptive analysis found varied distributions of restrictive practices across ethnic groups. Further inferential statistics revealed a significant difference between ethnic groups for manual restraints due to self-harm. Correlational analysis revealed a significant positive relationship between length of admission and frequency of manual restraints across a one-year period.

Conclusion: This service evaluation explored the use of restraint practices among patients of differing ethnicities within Broadmoor High Secure Hospital, enabling clinical and research recommendations to be made. This project highlighted varied distributions in relation to how different ethnic groups experience manual and mechanical restraint. Future projects should include a dataset spanning over a larger number of years to enable more robust conclusions to be drawn on whether there are ethnic disparities in restrictive practices. Future projects should also involve qualitative data from patients and staff to better understand the complexities surrounding the treatment of differing ethnicities within mental health care settings. The authors of this service evaluation have already planned to look at the use of short term seclusion and long

term segregation among differing patient ethnic groups within Broadmoor High Secure Hospital, to further understand this critical issue.

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Evaluation of Annual Physical Health Monitoring of Inpatients at a Rehabilitation Psychiatry Unit

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Aims: Individuals with severe mental illness (SMI) are at significantly higher risk of physical health comorbidities compared with the general population. Factors such as long-term antipsychotic use, lifestyle choices, and reduced healthcare engagement contribute to this increased risk. Comprehensive annual physical health checks are recommended to identify and manage these risks. This study aimed to evaluate and improve the process of conducting annual physical health checks for patients with SMI in a Glasgow psychiatric rehabilitation unit, focusing on identifying risk factors, promoting a multidisciplinary team (MDT) approach, and ensuring timely follow-up of outstanding health concerns.

Methods: National guidelines from the National Institute for Health and Care Excellence (NICE), the National Institute for Health and Care Research (NIHR), and NHS Scotland were reviewed to establish key standards for physical health monitoring in psychiatric rehabilitation. A structured audit tool was developed covering systemic and lifestyle reviews, physical examinations, medication monitoring, external specialty input and general health screening. Annual health reports and clinical notes were retrospectively reviewed for 30 inpatients with a minimum one-year admission between November 2023 and October 2024. Based on audit findings, a new structured health check template and an improved MDT handover protocol were implemented before re-auditing their next review.

Results: Twenty-eight patients agreed to be reviewed, with 25 assessed using the old template and 15 so far with the new template. The proportion of patients receiving their health check within 12 months increased from 28% (7/25) to 73.3% (11/15). Physical examinations were documented in 96% (24/25) of previous reviews, with action-oriented comments in 40% (10/25). Following the introduction of the new template, documentation increased to 100%, with 53.3% (8/15) of cases including actionable comments. Systemic enquiry documentation improved from 92% (23/25) to 100%, with action-orientated comments rising from 36% (9/25) to 73.3% (11/15). Health screening documentation improved from 60% (15/25) to 100%, with 60% (9/15) requiring action. Diabetes risk was previously recorded in only 8% (2/25) of cases but increased to 100%, with 75% (10/15) prompting action. Previously, 60% (15/25) of outstanding health concerns were discussed within the MDT, whereas 86.6% (13/15) were formally addressed post-implementation.

Conclusion: This study highlights the effectiveness of a structured template in improving the quality and consistency of annual physical health checks in psychiatric rehabilitation. The new template