

A Study to Determine How Frequently Patients Are Admitted to Acute General Hospitals With Psychiatric Presentations and Whether Acute Medics Feel Confident in Managing Such Cases

Dr Ruby Viney*, Dr Katja Umla-Runge and Dr Eleni Vrigkou

Cardiff University, Cardiff, United Kingdom

*Presenting author.

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Aims. Mental Health Trusts have seen significant funding cuts in recent years resulting in higher admissions to acute medical hospitals due to psychiatric disorders. Little information is available on the quantity of such presentations and no studies have explored how confident acute medical doctors feel in managing patients with mental health disorders.

Primary objective: To evaluate whether acute medical doctors feel confident in the common psychiatry topics required to manage patients presenting to medical hospitals with mental health disturbances.

Secondary objective: To determine how frequently patients with mental health disorders are admitted to medical beds, either primarily due to their psychiatric disorder or due to another medical problem.

Methods. Acute medical doctors working in Merseyside, UK completed a self-report survey in which they rated their confidence level in relation to common psychiatric topics. Admission data for 4 large hospitals in Merseyside were analysed to determine the proportion of all patients admitted to medicine in a 1-year period who had a mental health disorder. Results were further broken down into primary diagnosis by ICD-11 code to determine which mental health conditions presented most frequently to general medical hospitals.

Results. 10 acute medical registrars and 33 acute medical consultants completed the survey. Most acute medical doctors felt at least partly confident in their psychiatry knowledge. However, around a quarter of doctors lacked confidence in managing psychotropic medications and performing risk assessments, with a third of acute doctors unsure how to access specialist psychiatric advice.

43.8% of all medical admissions had a mental health disorder. This was comprised of 3.1% who presented primarily due to a mental health illness, and 40.7% who had a mental health disorder but attended for a different reason. Substance misuse accounted for a significant proportion of these admissions.

Conclusion. Despite almost half of patients admitted to medical beds experiencing mental illness, many acute medical doctors lack confidence managing psychiatric ailments and half of the respondents felt their medical training has not prepared them sufficiently.

In addition, many doctors are unsure how to access specialist advice when needed. This leaves both doctors and patients at risk of harm and suggests a need for additional psychiatric training for acute medical doctors and improved access to support.

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Developing and Testing a Patient Feedback Survey for Patients Referred to the Bromsgrove Memory Clinic for Memory Assessment

Dr Mohammed Yousef¹, Dr Richard Wooster^{1*} and Dr Lathika Weerasena²

¹Herefordshire and Worcestershire Health and Care NHS Trust, Worcester, United Kingdom and ²Herefordshire and Worcestershire Health and Care NHS Trust, Bromsgrove, United Kingdom

*Presenting author.

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Aims. A patient feedback survey was designed based on Memory Service National Accreditation standards. The aim was to measure if the Bromsgrove Memory Clinic was meeting these standards and to show if a patient survey could be obtained in a group with cognitive issues.

Methods. The 18-question survey was offered to patients referred by General Practitioners for memory assessment. The survey was designed with cognitive difficulties in mind and could be filled out jointly by patients and their accompanying person. Answers were collected using Likert scale format. 23 completed surveys were collected. Large font and facial expression diagrams were used to aid the participants. Surveys were collected during outpatient/home visits by clinicians (doctors/nurses) trained in memory assessment.

Results. From the first question, 12/23 strongly agreed they received enough information prior to the appointment to feel well prepared about what to expect, 9 chose agreed and 2 gave neutral answers. The second question asked how long they waited to receive an appointment, 13 were seen within 6 weeks or less from point of referral, 7 waited between 6-weeks and 3-months. 16 participants strongly agreed to feeling happy with appointment date/time. 17 strongly agreed the clinic was easy to locate.

Next, 13/23 strongly agreed, 8 agreed, 1 was neutral that they felt confident the clinic would be able to meet their needs and 1 disagreed. Question seven asked "did staff explain the assessment process to you?" and 20/23 strongly agreed. Question eight asked if participants were given opportunity to ask questions, 22/23 strongly agreed. 21/23 strongly agreed enough time was given to discussing important information. 17/23 strongly agreed they knew they could stop the assessment at any point. 22/23 strongly agreed their privacy was respected.

Questions 12–14 looked at information given, and they could class it as "Not enough, Right amount, Too much or Not applicable". 19/23 indicated "right amount" for information given about diagnosis. 21/23 felt information about investigations or tests was the right amount. Regarding information about medications, 20 selected "the right amount".

18 strongly agreed the information, advice and support was helpful and sufficient. 19 strongly agreed they were treated with respect and dignity. 20 strongly agreed they wouldn't hesitate to recommend the service to others.

Conclusion. The results showed an overwhelmingly positive memory service experience in Bromsgrove and it is possible to meaningfully survey this patient group with some adjustments. The survey could be repeated to monitor standards over time.

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