

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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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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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