

misuse, used PRN slightly more frequently; promethazine (16% v 12%), lorazepam (20% v 14%) and zopiclone (46% v 24%) compared with those with no misuse. With a current risk of aggression or agitation, all female patients were prescribed PRN promethazine or lorazepam, compared with 86% of male patients.

In regards to British National Formulary (BNF) cautions of associated physical illness, one patient with glaucoma, and one epilepsy was prescribed promethazine; three patients with respiratory condition were prescribed PRN lorazepam; and six patients with depression and four with current drug user were prescribed PRN zopiclone.

Considering diagnoses, promethazine, lorazepam and zopiclone were used by varying proportions of the patients: schizophrenia (10%, 3%, 0%), bipolar affective disorder (0%, 14%, 57%), depression (27%, 11%, 38%), personality disorder (15%, 28%, 48%) respectively.

Conclusion. Psychiatric inpatients were prescribed MaxD of PRN medications more than what is being administered. Documentation of rationale for prescribing PRN medications and dose is needed.

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Relationship Between Use of Dementia-Specific Nursing Institutions and Psychotropic Drugs, Mortality, and Morbidity

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Aims. In South Korea, to care for patients with dementia, a new dementia-specific nursing institution has been established that, unlike general nursing institutions, uses shared living rooms and provides customized programs for dementia. This study aims to investigate the effectiveness of dementia-specific nursing institutions. For this purpose, whether psychotropic drugs (antipsychotics, antidepressants, sedatives, mood stabilizers) used to treat behavioral and psychological symptoms of dementia (BPSD) are prescribed, and the mortality and morbidity rates mentioned as side effects of psychotropic drugs (cerebrovascular disease, fall-related fractures, pneumonia, pressure ulcers) varied depending on the use of a dementia-specific nursing institution.

Methods. Using the National Health Insurance Service's customized and Long-Term Care Insurance databases for older people, we collected data over the four years since the introduction of dementia-specific nursing institutions. Among patients with dementia aged 65 years or older, those who used dementia-specific nursing institutions and those who used general nursing institutions were matched for gender, age, history of cerebrovascular disease, disability, comorbidities, and history of taking psychotropic drugs. Thus, 835 users of dementia-specific nursing institutions and 2,505 users of general nursing institutions were analyzed. During the study period, the subjects' use of psychotropic drugs, mortality, and morbidity (cerebrovascular disease, fall-related fractures, pneumonia, and pressure ulcers) were determined. After controlling for variables such as Activities of Daily Living (ADL) scores, the effect of using a dementia-specific nursing institution on mortality and morbidity was analyzed using a logistic regression model.

Results. Users of dementia-specific nursing institutions were more likely to be prescribed antipsychotics, antidepressants, and sedatives during the study period compared with users of general nursing institutions. Also, users of dementia-specific nursing institutions had a lower mortality rate and lower morbidity rates of pneumonia and pressure ulcers than users of general nursing institutions.

Conclusion. Users of dementia-specific nursing institutions had significantly lower mortality rates and morbidity rates of pneumonia and pressure ulcers. This is attributed to dementia-specific nursing institutions encouraging social interaction and physical activity by providing shared living rooms and specialized programs catered towards patients with dementia. However, since the influence of other confounding variables cannot be ruled out, more precisely designed research is needed in the future.

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Outcomes Used for the Evaluation of Mental Health Helplines: A Systematic Review

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Aims. Helplines and crisis lines are a standard component of a public health approach which appear to be intuitively supportive and useful to a population in acute distress and prevent severely adverse outcomes i.e., suicide. These services exist in different formats throughout the world. They have the advantage of being widely accessible, approachable, and bypass the waiting times and bureaucracies of referral systems for accessing secondary mental health services. The authors set out to study the range of outcomes used to evaluate mental health helplines and crisis lines. The focus was not simply to explore whether mental health helplines were effective or not. Rather the authors wanted to investigate what outcomes were being considered as evidence.

The authors aimed to conduct a systematic review of evidence for mental health outcomes of service users of helplines and crisis lines.

The research question was, 'What outcomes are evidenced in published literature for mental health helplines and/or crisis lines in terms of efficacy, effectiveness or efficiency?'

Methods. This was a systematic review of literature using the PRISMA-2020 statement. Literature searches of Web of Science, Ovid (PsycINFO, Medline, EMBASE), PubMed and Scopus were conducted in December 2022. Relevant information from eligible studies was extracted by using a structured data extraction form. Mixed Methods Appraisal Tool (MMAT) was used to assess quality of the included studies. While the heterogeneity of studies prevented a meta-analysis, it provided a rich landscape for exploring the topic through a thematic analysis.

Results. Eighteen studies finally met the inclusion and exclusion criteria. The projects studied used both trained professionals and volunteers trained to offer crisis intervention. Both qualitative and quantitative outcomes were evaluated across the studies. Outcomes were frequently subjective assessments of service users and/or the personnel delivering the intervention. Studies

evaluated outcomes in various ways. Anonymity of the callers made long-term follow-up difficult in most cases, though it is understandable that anonymity might have contributed to the helpline being more accessible and less intimidating to the callers. MMAT scores showed the papers have a range of methodological soundness.

Conclusion. There is lack of consensus and uniformity regarding what outcomes can evidence the efficacy, efficiency, and effectiveness of mental health helplines. Before more investment in helplines, there needs to be discussion, planning and understanding among policy makers and service developers in deciding what they want to achieve from a mental health helpline. This will help researchers focus on relevant outcomes to evaluate mental health helplines. Services need clarity regarding what difference they are trying to make when such helplines are set up.

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Change From 24-Hour Off-Site On-Calls to 12-Hour On-Site Shifts for Psychiatry SHOs Was Near-Unanimously Welcomed by SHOs, Senior Doctors and Allied Health Professionals in Cardiff

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Aims. In January 2023, the rota for psychiatry SHOs within Cardiff and Vale UHB changed from 24-hour off-site on-call to 12-hour on-site shifts. This change occurred after rota gaps from sickness, increasing clinical pressures, and poor GMC survey feedback. We hypothesised that this would likely be received positively by SHOs, senior psychiatrists and other staff who work with the on-call SHO, and surveyed attitudes to the new rota. Our aim was to inform decisions about the rota going forward, and gather a baseline set of data for future comparison.

Methods. Data were collected retrospectively, via three questionnaires created on Microsoft Forms and distributed by email to: junior doctors on the on-call rota ("SHOs"), registrars and consultant psychiatrists ("seniors"), and nurses and allied healthcare professionals ("AHPs"). We used a mixture of Likert scales and free-answer sections, surveying staff attitudes of the impact of the change in rota on Patient Safety, Workload, Training Impact, Working Relationships and Welfare. Questions were altered to suit the group being surveyed (e.g. AHPs were not asked to comment on welfare of SHOs).

Data were collected between the dates of 23/3/23 and 5/5/23.

Results. A total of 63 respondents (17 SHOs, 12 seniors, 34 AHPs) completed the questionnaire.

Overall results were very positive in favour of the new rota, with a final overall question concluding that 100% SHOs preferred the new rota, as did 92% seniors and 92% AHPs. Other highlights include:

- 92% of all staff felt the on-call SHO could provide safer patient care, particularly at night.
- 82% SHOs and 83% seniors felt workload had improved or stayed the same.
- 71% SHOs had more training opportunities on-call (e.g. observing MHA assessments).
- 82% AHPs felt working relationships with SHOs had improved.
- 88% SHOs felt positive impact on their mental or physical well-being.

Conclusion. The new rota was near-unanimously positively welcomed by each group of staff surveyed, in all domains studied.

These findings were presented to members of the clinical board, and used to justify continuing the rota in future. It has remained in-person since.

With baseline data gathered, we will repeat the survey in February 2024 to gain more data on current attitudes to the new rota, one year on from its implementation.

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Developing a CAMHS Hub Crisis Management Service – the First Six Months

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Aims. This poster will:

1. Describe the establishment of an acute crisis management service within a Child and Adolescent Mental Health Service (CAMHS) in the Republic of Ireland.
2. Summarise clinical activity during the first six months of the service and qualitative feedback from service users and clinicians on their experience of the service.

Methods. In December 2021 the Republic of Ireland Health Service Executive approved the roll out of acute crisis management services for CAMHS – known as Hubs, with a remit to provide intensive brief interventions to support young people experiencing acute Psychiatric crises. Multiple weekly appointments are provided in clinic, at home or via telehealth.

The Lucena Clinic CAMHS – based in Counties Dublin and Wicklow, was chosen as a pilot site. Staff were recruited in January 2023 consisting of:

- 1 FTE Consultant Child and Adolescent Psychiatrist
- 1 Candidate Advance Nurse Practitioner
- 1 Senior Social Worker
- 1 Senior Occupation Therapist
- 1 Administrator

A multi-disciplinary Steering Group was established with a view to planning clinical programs, ensuring safety and governance, procuring resources and embedding service evaluation.

The service went live in May 2023. Clinical data was gained from data entry to the service Electronic Patient Record.

Qualitative feedback was gained from service users using post-discharge questionnaires and from clinicians using semi-structured interview.

Results.

1. Between May and December 2023 the Hub received 61 referrals and accepted 35.
2. 27 of those accepted were new referrals to the service.
3. Patients received an average of 27.1 hours of clinical intervention during their admission.
4. Shortest admission was 10 hrs, the longest 66.5 hrs.
5. 6 young people were seen at home, totalling 41 visits.
6. 24 young people were discharged to CAMHS, 2 to GP, 2 to the clinic's Day Program, 3 required in-patient admission.