

**Aims.** The primary aim of this project was to explore the attitudes of doctors employed by Leeds and York Partnership NHS Foundation Trust (LYPFT) towards climate change and sustainability issues. Secondary aims were to ascertain psychiatrists' knowledge of current efforts to mitigate the impact of healthcare on the climate, and to identify barriers to action against the climate crisis.

**Methods.** This was a cross-sectional study using a self-completed questionnaire designed by the team on an online platform (Survey Monkey, [www.surveymonkey.co.uk](http://www.surveymonkey.co.uk)). It was open from 23 August to 19 September 2022 and shared via email with doctors of all grades employed by LYPFT (n = 211). Likert-scale and multiple-choice responses were analysed using descriptive statistics and two-sided t-tests. Free-text responses were analysed independently by four researchers (DH, DR, HO, GS) using thematic analysis. Participants were required to agree to an online consent statement before proceeding. The study was carried out in accordance with University of Leeds ethical protocols.

**Results.** 66 doctors completed the questionnaire (31.3% response rate) of whom 24 (36.3%) were consultants and 42 (63.6%) were junior doctors. 57 (86.3%) respondents agreed that climate change is harmful to mental and physical health. 42 (63.6%) indicated that the climate emergency was relevant to their role, and 46 (69.7%) felt that climate and sustainability issues should be included in educational curricula for all healthcare professionals. Only 4 (6.1%) were aware of the Trust's strategies to mitigate its impact on the climate, and 7 (10.6%) were familiar with the remit and content of the Greener NHS Plan. There were no statistical differences in responses to these questions between consultants and junior doctors.

The most commonly perceived barriers to reducing the Trust's impact on the climate were a lack of willingness to change current practice (n = 28, 42.4%), poor awareness of the impact of the healthcare industry on the climate (n = 16, 24.2%), and an absence of guidance on sustainable practice (n = 15, 22.7%). Three themes emerged among free-text responses to this question: clinical priorities taking precedent, extensive use of pharmaceuticals and a lack of appropriate infrastructure and resources.

**Conclusion.** LYPFT doctors appreciated the significance of the climate crisis and its relevance to their role as healthcare professionals. However, there is a lack of awareness of local and national efforts to mitigate the impact of healthcare on the climate. Future work should raise awareness of the association between planetary and human health and encourage stakeholders to prioritise sustainability issues.

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.

## RESHAPE: Changes in the Prevalence of Eating Disorders Among Children and Young People Between 2017 and 2021; a National Survey

Aslihan Baser MSc<sup>1</sup>, Professor Tamsin Jane Ford<sup>1</sup>, Dr Tamsin Newlove Delgado<sup>2</sup>, MPhil Jessica O'Logbon<sup>1\*</sup> and MSc Lauren Cross<sup>1</sup>

<sup>1</sup>University of Cambridge, Cambridge, United Kingdom and

<sup>2</sup>University of Exeter, Exeter, United Kingdom

\*Corresponding author.

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**Aims.** The last few years have witnessed dramatic increases in presentations of eating disorders to mental health services for children and adults, which could relate to a greater number of people seeking help or to an increase in eating disorders at the population level. Aims: To evaluate the feasibility of online completion of a single module of the compare the Development and Well-Being Assessment (DAWBA) and to estimate the population prevalence of eating disorders among children and young people aged 6 to 19 years in 2017 and 2021, and to estimate the prevalence of eating disorders among emerging adults aged 20 to 23 years in 2021.

**Methods.** The Mental Health of Children and Young People in England was a cross-sectional survey of a probability sample that recruited 9,117 children and young people in 2017. Follow-up surveys were conducted in 2020, 2021 and 2022. The DAWBA, a multi-informant standardised diagnostic assessment, was completed by parents, teachers and young people aged 11 years or more in 2017. It covered all common mental health conditions, including eating disorders. In 2021 and 2022, parents and young people aged 11 years and over completed the five initial DAWBA screening items to assess eating difficulties as part of the follow-up questionnaire. In 2021, parents and young people who screened positive (n = 1030) were invited to complete the DAWBA eating disorder module online, and a small team of clinical raters reviewed their reports to assign diagnoses according to DSM 5.

**Results.** There was a year delay in the provision of contact details to contact screen positives, and the response rate was 37% overall, comprising 28% of children aged 11 to 16 years, 23% of young people 17 to 25 years and 19% of parents initially invited. Our results illustrate the large and sustained increase in screen positives between 2017 and the follow-up surveys. We are currently quality-checking the clinical rating for the 2021 data, so we are close to a final prevalence of eating disorders for 2021.

There was an increase in the proportion of children aged 11–16 years with eating difficulties between 2017 (8.4% girls, 5.1% boys) and 2021 (17.4% girls, 8.4% boys), which was maintained in 2021 and 2022 (17.4% girls, 8.4% boys). There were similar findings for young people aged 17 to 19 years (60.5% girls, 29.6% boys 2017, 76% girls, 46% boys 2022).

**Conclusion.** Inviting multiple informants provided data on more children and young people although many only had a single report from the person who screen positive. Wave 4 (2023) will integrate the eating disorder module into the original questionnaire to improve response rates. We suspect that the increase in the prevalence of eating disorders will be small despite the large and worrying increase in eating difficulties.

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## Off-Piste or Just Usual Prescribing in CAMHS? an Audit of Prescriptions and the Guidelines That Support Them

Dr Claire Roberts and Dr Jenny Brown

Humber Teaching NHS Foundation Trust, Hull, United Kingdom

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**Aims.** The aim of this audit was to review the prescriptions in one community Child and Adolescent Mental Health Service (CAMHS) and to see whether these prescriptions were licenced for the prescribed indication and if the prescription was supported by national guidelines.

**Methods.** I reviewed the treatment of 77 patients who were assessed by the consultant psychiatrist in one CAMHS team between January 2020 and August 2022.

For each prescription I gathered

- The name of the medication
- The Indication
- Child or young person's comorbidities

I then compared this with the licenced use on the Summary Product Characteristics (SPC), as well as the guidance available from (National Institute for Health and Care Excellence (NICE), British Association of Psychopharmacology (BAP) and British National Formulary for Children (BNFc)).

**Results.** In total there were 177 prescriptions for a variety of medication including antidepressants, antipsychotics, sedatives, and medication to treat ADHD.

It was found that 25% of all prescriptions were prescribed according to the medication's licensed use, with 42%, 62% and 67% compatible with NICE guidelines, BAP guidelines and BNFc respectively. However, 12% deviated entirely from these guidelines, including prescriptions for mirtazapine (1), melatonin (9), quetiapine (6), risperidone (1) and olanzapine (4). These prescriptions were also associated with increased comorbidity with each child having at least one comorbid mental health problem.

There was an 81% agreement between NICE and BAP guidelines, a 75% agreement between NICE and BNFc and 66% agreement between BAP guidelines and BNFc.

**Conclusion.** This audit demonstrated that only a quarter of prescriptions were prescribed according to a licenced use, with the vast majority falling outside the product licence. This is important because the Joint Standing Committee on Medicines preference "an appropriate licenced preparation" over unlicensed prescribing.

Furthermore, the defensibility of unlicensed prescriptions is increased when they are supported by published clinical guidelines which was the case in 88% of prescriptions that were reviewed. This leaves 12% of prescriptions that were not supported by either licencing or BAP, NICE or BNFc guidelines. There may be multiple causes for this, but it is likely that the high number is aggravated by the lack of NICE guidelines for common conditions such as anxiety as well as high levels of comorbidity in this population group which is not always reflected in clinical trials and guidelines.

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## An Audit on Venous Thromboembolism Risk Assessment in Older Persons Mental Health Inpatient Unit in North Wales With the Aim of a Quality Improvement Project

Dr Sathyan Soundararajan<sup>1\*</sup>, Dr Asha Dhandapani<sup>1</sup>, Dr Finlay Wallis<sup>2</sup> and Dr Manjiri Bhalerao<sup>3</sup>

<sup>1</sup>Betsi Cadwaladr University Health Board, Wrexham, United Kingdom;

<sup>2</sup>Betsi Cadwaladr University Health Board, Bangor, United Kingdom and <sup>3</sup>Betsi Cadwaladr University Health Board, Conwy, United Kingdom

\*Corresponding author.

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**Aims.** The aim is to undertake a baseline audit of VTE risk assessment in older persons mental health unit in all 3 sites in North Wales. Following the implementation of recommendations, we aim to repeat the audit with an aim to complete a Quality improvement project.

**Methods.** A retrospective audit was conducted in older persons mental health unit in all 3 sites of North Wales in Betsi Cadwaladr University Health Board.

A prospective opportunistic sample of all the inpatients in the old age psychiatric unit was audited. Standards were based on the NICE and Department of Health guidelines.

We collected the data by reviewing the patients notes. The data collection happened in December 2022 to January 2023. We made a simple protocol to collect the data from all 3 sites.

The target was for 100 % compliance in all standards.

**Results.** From the audit data collection, the results are as follows:

Overall, we gathered details of 29 patients in East, 21 patients in Central and 11 patients in the West (A total of 61 patients)

In the East, out of 29 patients, there was a form for VTE risk assessment in clerking proforma. However only 6/9 forms were filled by the junior doctors. In Central, out of 21 patients, only 2 patients had a form in their file but they were not filled. In Bryn Hesketh unit, there were no VTE risk assessment forms at all. In West, out of 11 patients, 3 of them had a VTE risk assessment form that were filled. Overall, we noticed that in some of the patient's medication chart, there was a mention about they receive prophylaxis for VTE or not. However, that was not consistent.

There is no standard proforma noted in any of the wards in Central and West. In East, there is a clerking proforma noted and in some patients hence as part of the proforma as the VTE risk assessment is already included the junior doctors do fill the VTE risk assessment form.

**Conclusion.** I hope this audit will help in improving the patient care by identifying the risks factors of VTE earlier and preventing it. This would be in accordance with the guidelines.

It was evident that VTE risk assessment and prophylaxis was not something that was being considered for patients admitted to the old age psychiatric inpatient unit. However due to the risk factors this group of patients possess it is something vitally important. As a consequence of presenting the audit across the trust, a service change was recommended with a VTE risk assessment proforma planned to be introduced across the trust will be adapted to support use in psychiatric inpatients which can be used by mental health trusts.

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## Improving a Psychiatry Teaching Programme for Junior Doctors on Placement in a Mental Health Trust

Dr Verity Williams<sup>1\*</sup>, Dr Tonye Ajiteru<sup>2</sup>, Ms Abigail Hussein<sup>3</sup>, Dr Rachel Daly<sup>1</sup>, Ms Lydia Fry<sup>1</sup>, Mr Luke Maczka<sup>1</sup>, Mrs Angela Pendleton<sup>1</sup> and Dr Max Pickard<sup>4</sup>

<sup>1</sup>Kent and Medway NHS and Social Care Partnership Trust, Dartford, United Kingdom; <sup>2</sup>Kent and Medway NHS and Social Care Partnership Trust, Medway, United Kingdom; <sup>3</sup>Kent and Medway

NHS and Social Care Partnership Trust, Aylesford, United Kingdom and <sup>4</sup>Kent and Medway NHS and Social Care Partnership Trust, Thanet, United Kingdom

\*Corresponding author.

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**Aims.** Foundation Programme and GP trainees on psychiatry placement within Kent and Medway attend a teaching programme on core topics. The GP training and new Foundation Programme curricula require key mental health content to be covered. This quality improvement project (QIP) aimed to improve the delivery of mental health teaching to Foundation and GP trainees on psychiatry placement.

**Methods.** The existing teaching programme was fortnightly, full-day teaching, online via zoom. Drivers for change included: