care services. Piloting this model involves psychosocial rehabilitation of patients with mental disorders, the help of mobile teams at the place of patient residence, as well as psychoeducation, training, and support to family doctors. These and other measures will help to optimise mental health care at PHC level.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0625

Formative exploration of the relationship between waiting times and attendance at general adult psychiatry clinics, at a hospital in pennine care NHS Foundation Trust

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Introduction An audit was done to assess new patient wait times. As part of this project we reviewed possible relationships between wait times and clinic attendance.

Objective To examine available data, for possible explanations of patients' attendance behaviour at outpatient clinics.

Aims To identify possible correlation between length of waiting time for adult psychiatry appointments and status of attendance.

Method Service Line: New patient referrals to adult outpatient psychiatry (January–December 2015)
Sample size: 401.

Results Fig. 1 and Table 1 show wait times compared with clinic attendance outcome. Percentage attendance appeared to gradually fall as wait times increased; while cancellation (%) by the NHS, and DNAs (did not attend) by the patient, appeared to rise over time.

Conclusions This review has demonstrated a possible correlation between wait time for a clinic appointment and how patients behave. The shorter a patient has to wait; it appears they are more likely to actually attend clinic. If so, this potentially has implications for discussions around possible reorganization of services, to improve engagement and outcomes, by coming up with innovative ways of reducing wait times.

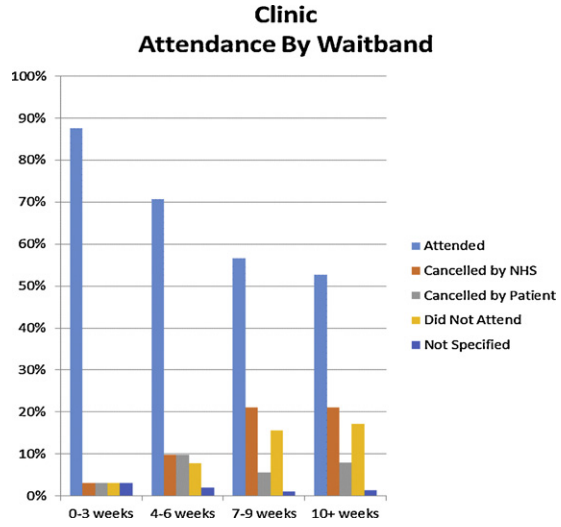

Fig. 1 Clinic attendance by waitband.

Table 1

Clinic Attendance / Wait Band	Attended	Cancelled by NHS	Cancelled by Patient	Did Not Attend	Not Specified	Grand Total
0-3 weeks	88% (n=28)	3% (n=1)	3% (n= 1)	3% (n=1)	3% (n=1)	100% (n=32)
4-6 weeks	71% (n=36)	10% (n=5)	10% (n= 5)	8% (n=4)	2%(n=1)	100% (n=51)
7-9 weeks	57% (n=51)	21% (n=19)	6% (n=5)	16%(n=14)	1% (n=1)	100% (n=90)
10+ weeks	53% (n=120)	21% (n=48)	8% (n=18)	17%(n=39)	1% (n=3)	100% (n= 228)
Grand Total	59% (n= 235)	18% (n= 73)	7% (n=29)	14% (n=58)	1%(n=6)	100% (n=401)

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Descriptive study of adjustment disorders in a mental health unit.

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Introduction Adjustment disorders are a common psychiatric disorder in primary care and mental health units, with point prevalence estimates ranging from 0.9% to 2.3%. These disorders have been recently defined as a stress response syndrome in the fifth edition of the DSM, causing emotional and social difficulties and also a large economic burden on society.

Objectives The aim of this descriptional study was to analyse the socio-demographic characteristics and treatment of the patients diagnosed with adjustment disorders in the first visit in a mental health unit.

Methods The study sample consisted of 128 patients admitted for a psychiatric consultation in a mental health unit in Alicante (Spain) from their primary care physician, between February and July 2016. Variables of gender, age, current employment status, diagnosis and treatment were measured. Data analysis was conducted using SPSS software.

Results The data from 31 patients who were diagnosed with adjustment disorders meant a 24% of the sample. The median age was 47 years old in the adjustment disorders group. Among those with adjustment disorders, 61% were women, and 52% of them were unemployed. Almost 60% of them had at least one pychotropic prescription and only 22% were derived to psychology.

Conclusions Adjustment disorders are considered as an intermediate category between no mental disorder and affective disorders. Most authors recommend to start with a psychotherapeutic intervention. Despite starting with medication has not proved effectiveness in the studies, most of the patients had at least one psychotropic prescription before the psychiatric evaluation.

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