treatment effectiveness was poor. We argue that more consideration should be given to this population, with robust guidelines introduced for the treatment of this specific 'at-risk group'.

An audit looking at the impact of poverty on referrals to child and adolescent mental health services

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Aims. Recently, there has been a greater focus on how mental health in young people (YP) can be improved. Up to 10% of YP in Scotland have a diagnosable mental health condition1 and half of all adults with mental ill-health have had symptoms from their mid-teens2. Poverty is an important factor associated with poorer mental well-being from an early age which worsens if left untreated3. The aim of this audit was to answer the question: Are more YP referred from the least deprived areas, and are they more likely to require medication intervention or high intensity (tier 4) care? The results of which could help identify possible avenues for intervention to help improve retention of those most at risk of negative outcomes.

Method. NHS Grampian CAMHS provides service to Aberdeen City, Aberdeenshire, and Moray. Pre-collected data over 15 months from these areas were analysed using the Scottish Index of Multiple Deprivation (SIMD) deciles to distinguish any differences between referrals made. In addition, this audit evaluated the data to define any trends of deprivation linking YP to medication intervention or tier 4 care.

Result. Results showed that more referrals were made for YP in low-ranking areas (3.19% of decile one compared to 1.74% of decile ten). The referrals were also more likely to be rejected based on the referral criteria, 33% in decile one versus 21% in decile ten. The increased rejection of referrals is most likely a reflection of the health inequalities faced by communities in more deprived areas. In terms of service provision, the patients from the most deprived areas are 3 times more like to require tier 4 care while the least deprived are 1.5 times more likely as compared to percentage of population. With regards to medication intervention patients from deciles one, five, six and seven have significantly higher numbers.

Conclusion. This project set out to look at the current service provided by CAMHS and found that despite best efforts deprivation has had an impact on the acceptance of referrals. Going forward this data will be shared with multiagency stakeholders to develop service provisions, in particular the issues identified with the rejection of referrals in more deprived areas. Higher level of medication use in more deprived population is not unexpected but highlights the need to share the findings with a multiagency network.

Evaluation of an attention deficit hyperactivity disorder (ADHD) assessment & treatment service

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Aims. The Central and North West London NHS Foundation Trust ADHD clinic offers diagnosis and medication stabilisation for adults with ADHD, in preparation for discharge back to GP for continued prescribing and monitoring. Referral waiting time is shortened by efficiently managing the service and soon transfer of care to GP whilst referrals have been increasingly accepted years on years. A snap shot service evaluation was made to understand characteristics of service exploring its strength and areas to improve.

Method. All 115 patients offered in March and April 2019 for an ADHD specialist assessment were sampled from the new electronic patient record SystmOne in use since 1st March 2019.

Data were collected for

Male & Female ratio
Age range distribution
Clinical Commissioning Group referral source
Clinic attendance characteristics
ADHD diagnosis, sub-types and psychiatric comorbidity
ADHD Medication prescribed
FP10 Prescription duration by prescribers

Patient data were anonymously encoded into Microsoft Excel Sheet for sorting, counting, summating and illustrating into tables and pie charts.

Result. The male & female ratio of the sample was 6:5 and nearly half were in age range 20-29 years. Majority were referred from Westminster and West London Clinical Commissioning Groups.

107 patients completed the assessment, of which 106 were diagnosed as having an adult ADHD.

22% of follow-up clinics were cancelled or not attended (DNA) by patients. The majority of the patients (62%) required 1-2 follow-ups before transfer to GP, whilst 8% did not require or want follow-ups either already being on ADHD medication, not wanting medication or having lost to reviews. Only 3% require six or more follow-ups.

Majority were reviewed after two- to five-week prescription, the peak being four-weekly.

91% of completion to GP were discharged on ADHD medication, majority being singly on Elvanse (48%) and Concerta XL (25%). Discharge without ADHD medication was due to concerns for its addiction, preference on non-medication treatment, intolerance of medication adverse effect or mental health priority treatment.

Conclusion. Collaboration with GPs for their pre-treatment physical health screening facilitated prompt prescribing initiation on assessment with most discharges taken place after 1-2 follow-ups, enabling service turn-over with short waiting time (6-9 months in 2018/2019). Service expansion for increasing referral uptake is probably feasible from this baseline by appointing additional sessional clinicians and further efficiency management on clinic scheduling & DNA with a target majority likely requiring 1-2 follow-ups with average four-weekly prescribing.

Results of a client satisfaction questionnaire in a NHS psychotherapy department

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Aims. This study aimed to assess the level of satisfaction patients feel towards their experience of attending for psychotherapy, in order to inform local management on the service being offered by the department.