

Conclusion. The Maternity Trauma and Loss Care service continues to fill the gap identified in the long-term plan providing a much needed integrated service to women and birthing people who experience trauma and loss on their reproductive journeys. Areas identified for service development include further developing a pathway for peer support and partners.

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A Service Evaluation to Understand Factors Affecting Referrals to a Secondary Care Psychotherapy Department

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Aims.

1. To evaluate sources and demographics of referrals to the Northwest Surrey Psychotherapy Service, a secondary care service covering Runnymede, Spelthorne, and Woking in Surrey, England. To compare these data with local population data to assess equality of access and whether any groups are underrepresented.
2. To evaluate what diagnoses are most frequent in those referred and the respective characteristics of those whose referrals are accepted for treatment and those who aren't.

Methods. A retrospective case note review using SystmOne of all patients referred to Psychotherapy between January 2021 and June 2021. Data were extracted by hand: demographics (age, gender, ethnicity, sexual orientation, marital status, employment status, dependents, caring responsibilities, disability, religion), diagnosis, source and outcome of referral. Reasons for referrals not progressing were correlated with current service inclusion/exclusion criteria. Demographics were compared with local population data available from ONS and Surrey County Council.

Results. Fifty-one people were referred, 10 (19.6%) males and 41 (80.4%) females.

Twenty-six (51%) referrals were accepted. Amongst those referred, depression $n = 15$ (29%), post-traumatic stress disorder (PTSD) $n = 15$ (29%) and emotionally unstable personality disorder (EUPD) $n = 13$ (25%) were the most reported diagnoses. Persons with depression or EUPD were most frequently accepted for assessment and treatment. The most common reason for a referral not progressing was the patient experiencing active PTSD symptoms requiring prior stabilisation work $n = 9$ (17%) or the patient not opting in $n = 5$ (10%).

Referrals came from a range of sources, mostly general practitioners (GPs) $n = 18$ (35%) and MindMatters (primary care talking therapies) $n = 8$ (16%).

Conclusion. Males were underrepresented in referrals to Psychotherapy and reasons may vary. It may be beneficial for referrers to be more proactive in considering and recommending referring males for psychotherapeutic input. Other groups were not significantly underrepresented compared with local population data, including ethnic minorities and those with protected characteristics.

Psychotherapy services frequently declined those suffering acute symptoms of PTSD; there may be a need to educate

referrers that this is a likely exclusion criterion. Those who were declined on this basis were signposted to services offering stabilisation work, a positive finding in terms of our service facilitating access to ongoing care.

The sources of referrals suggest that GPs and MindMatters are important partners in identifying those needing psychotherapy services. Some referrals were inappropriate, and clearer referral criteria may be helpful. Some people declined assessments or treatment, which may indicate a need for more outreach or education on the potential benefits of psychotherapy services.

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Prevalence of Cognitive and Mood-Related Symptoms in a Large Cohort of Perimenopausal and Menopausal Women

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Aims. Current NICE guidance (NG23) lists hot flushes and night sweats as the most common symptoms associated with the perimenopause and menopause. Consequently, many clinicians, and the public in general, often associate menopause primarily with vasomotor symptoms. However, psychological symptoms are also common in the perimenopause and menopause. Failure to recognise the link between menopause and mental ill-health means that many women are unable to access the support and treatment they need; women are often prescribed antidepressants and anxiolytics, but hormone replacement therapy (HRT) is more effective for symptoms rooted in hormone deficiency. The aim of this survey was to assess the prevalence of negative mood symptoms in peri- and post-menopausal women, and the response of mood symptoms to HRT.

Methods. We administered a modified version of the Greene Climacteric Symptom Questionnaire (Greene 1976) to all new patients attending the Newson Health Menopause and Wellbeing Clinic in Stratford-upon-Avon, between 1 November 2022 and 30 June 2023. Patients initiated on HRT were followed-up after 3 months and asked to complete the Symptom Questionnaire again. Data were collected from electronic health records and analysed using descriptive statistics.

Results. 978 women were included in the study. All patients were started on HRT. A third of patients (32%) of patients, were also started on transdermal testosterone. None of the patients discontinued their treatment during the study period. The five most prevalent symptoms were: feeling tired or lacking in energy (96%); memory problems (93%); difficulty in concentrating (91%); irritability (90%); and feeling tense or nervous (90%). Hot flushes and night sweats were much less prominent in this cohort, ranked at 18th and 14th place respectively. All symptoms improved after treatment with HRT +/- testosterone for 3 months. Overall, 'profound low mood' (loss of interest in all things) improved the most (69% improvement in symptom scores), followed by 'attacks of anxiety and panic' (61% improvement in symptom scores).

Conclusion. Understanding and recognising the common symptoms that women are likely to experience in the perimenopause and menopause is vital to reduce barriers to appropriate care. This study suggests that cognitive and mood-related symptoms