inclusive) service users still face discrimination within modern mental health services. This project assessed homophobia and LGBTQ+ abuse among service users on an acute male psychiatric ward. Our aims were to quantify the incidence of abuse, to explore staff attitudes toward LGBTQ+ abuse and to identify targets to improve LGBTQ+ service users' experience. We hypothesised that incidents of abuse are common and not always challenged or escalated using appropriate channels.

Methods. Using a mixed methods approach we explored staff perceptions of LGBT+ abuse: quantitative data were generated from a questionnaire survey and qualitative data from a focus group.

Rates of homophobic incidents were assessed by analysing clinical documentation from two inpatient samples (n = 20), covering 2020–21 and 2021–22.

Results. Analysis of clinical documentation found three incidents from the 2020–21 sample and two from 2021–22; only one of these was reported via DATIX.

The survey captured the views of the ward team including nurses, healthcare assistants (HCAs), doctors and psychologists (response n = 13). Staff attitudes towards LGBTQ+ were rated as "positive" by 77% of responders and "neutral" by 23%; 100% stated it was their professional duty to respect and protect LGBTQ+ clients. Almost two-thirds (62%) had witnessed homophobia on the ward however a similar proportion (61%) had never directly challenged homophobia. Whilst all staff felt able to care for LGBTQ+ clients, and all were familiar with key LGBTQ+ terminology, only 50% felt they had received adequate training to fully support LGBTQ+ clients.

The focus group identified a nursing "lead" for LGBTQ+ issues and agreed to incorporate a "diversity statement" into ward admission rules. LGBTQ+ visibility measures were promoted including LGBTQ+ posters across the ward and staff uptake of the Rainbow Badge Initiative.

Conclusion. Our findings suggest homophobia is prevalent in the male inpatient psychiatric setting and management is suboptimal. Enhanced LGBTQ+ training is required to support staff to challenge every homophobic incident and escalate appropriately.

Simple steps to increase LGBTQ+ visibility are feasible and popular among staff. Future work should assess the impact of such interventions, however measuring change may be hampered by underreporting.

Further evaluations are needed to assess female wards and patient perspectives to build a full picture of inpatient LGBTQ+ abuse.

One Year On: Evaluation of the Cambridgeshire and Peterborough Staff Mental Health Service, a Bespoke Mental Health Clinic for Healthcare Workers

Dr Muzaffer Kaser[1,2]*, Dr Theodora Karadaki[1], Dr Zoe Martin[1] and Dr Cathy Walsh[1]

[1]Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, United Kingdom and [2]Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom
*Presenting author.

Aims. The Staff Mental Health Service (SMHS) at the Cambridgeshire and Peterborough NHS Foundation Trust is a multidisciplinary team providing rapid access assessments and treatments to NHS staff in all roles. The service was launched in September 2020 and obtained recurrent funding in 2021. Previously we reported initial clinical findings from the service suggesting high rates of moderate to severe depression, anxiety,

and post-traumatic stress symptoms (Kaser et al. 2021). In this report, we present the clinical and demographic findings, and post-treatment outcomes from the first-year evaluation of the SMHS.

Methods. Demographic and clinical data were collected as part of service evaluation at the SMHS. Depression, anxiety, and post-traumatic stress symptoms were evaluated by Patient Health Questionnaire (PHQ-9), Generalised Anxiety Disorder Assessment (GAD-7), and Posttraumatic Symptom Checklist – Civilian Version (PCL-C). Non-parametric Wilcoxon rank test was used to compare pre- and post-treatment symptom scores.

Results. The service received 515 referrals in the first year. 39.6% of the patients were off work at the time of the referral. 81.2% patients were female and 75.3% were of white ethnicity. Median time from referral to assessment was 14 days. According to the clinical data (n = 320), 85.3% of the patients had moderate to severe depressive symptoms (mean PHQ-9: 16.25 ± 6.1), and 80.9% of the patients had moderate to severe levels of anxiety symptoms (mean GAD-7: 13.62 ± 4.7). Staff patients endorsed high levels of traumatic stress with 82.5% scoring higher than the established cut-off (PCL-C > 14) (PCL-C mean score: 19.14 ± 5.7). Analyses from patients completing treatment at the service showed significant improvements in depression ($Z = -3.38$, p = 0.001), anxiety ($Z = -4.09$, p < 0.001), and PTSD symptoms ($Z = -4.99$, p < 0.001).

Conclusion. The Staff Mental Health Service had a persistent noticeable demand in its first year corresponding to two percent of the total workforce of the local trusts. Healthcare workers presenting to the service had high rates of moderate to severe depression, anxiety, and PTSD symptoms. Multidisciplinary treatment at the SMHS led to significant improvements in psychiatric symptoms. A health economics analysis of the service is currently underway.

Prevalence and Comparison of the Profile of Patients Who Did Not Attend (DNA) Their Appointments Through Face-Face, Pre-Pandemic vs. Telephonic Consultations, Pandemic at the Complex Care Service-South, Wolverhampton - a Service Evaluation

Dr Pooja Kuppili[1]*, Dr Jeyagajani Jeyanathan[2], Dr Nwamaka Odogwu[3], Dr Amina Rashid[3] and Dr Susmit Roy[3]

[1]Berkshire Healthcare NHS Foundation Trust, Reading, United Kingdom; [2]The Royal Wolverhampton NHS Trust, Wolverhampton, United Kingdom and [3]Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom
*Presenting author.

Aims. Patients who do not attend the appointments (DNA) pose a significant financial burden on the health care system. During the COVID-19 pandemic, there has been a shift from face-face to telephonic consultations. Our hypothesis was that pandemic can affect the prevalence of profile of clients who DNA. With this background, the aim of the current service evaluation was to assess the prevalence and profile of patients who did not attend their appointments through face-face consultation and telephonic consultations at the Complex care service south [CCS-South], Wolverhampton over a period of one year.

Methods. Retrospective evaluation of records of DNA appointments at CCS- South, Wolverhampton of Face-face appointments during March 17th 2019- March 16th 2020 [Pre-pandemic group] and telephonic consultations during March 17th 2020 – March 16th 2021 [pandemic group] was done. Prevalence of DNA was

calculated as the number of DNA in CCS South/ number of DNA in total CCS × 100. Student t test, Mann U Whitney test, Chi square test were used to analyse the data.

Results. The number of DNA in the pandemic group (625) was significantly higher than the pre-pandemic group (376) [$\chi2$ = 86.31, p <0.00001]. Males had significantly higher DNA in pre-pandemic group (59.52%) whereas females had significantly higher DNA in the pandemic group (66.76%) [$\chi2$ = 72.97, p <0.00001]. The mean (SD) age of clients in the pandemic group was 41.17 (12.39) years was significantly lower than the mean (SD) age of clients in the pre-pandemic group, 42.87 (13.72) years [t = 1.97; p = 0.049].

There was an increase in the Caucasian British (49.73% vs 38.40%) and Asian (29.52% vs 26.41%) in the pandemic group compared to pre-pandemic group. There was a decrease in the African-Caribbean group (10.11% vs 16.11%) and the mixed/other/unstated group (10.64% vs 19.20% vs) in the pandemic group compared to pre-pandemic group. It was the first DNA for twenty-four service users in the pre-pandemic group and none in the pandemic group. Those in the pandemic group (6.39 (6.79)) had significantly higher mean (SD) number of previous DNA than the pre-pandemic group (5.41 (7.50) [U = 98145; W = 293770; Z= -4.40; p = 0.000). There was no significant difference between the time of the appointment in both groups.

Conclusion. There was an increased number of DNA during the pandemic period and the profile of those who DNA during the pandemic was of that a female with a mean age of about 41 years with previous DNAs.

Identification and Management of Substance Misuse in Patients Referred for Psychodynamic Psychotherapy: A Service Evaluation Project

Dr Joshua Lusby*, Dr Kenny Chu, Dr Shivanthi Sathanandan and Dr Thomas Hillen

Camden and Islington NHS Foundation Trust, London, United Kingdom
*Presenting author.

Aims. To evaluate and improve upon collection of data pertaining to substance misuse in opt-in questionnaires sent to patients accepted by a psychodynamic psychotherapy service in an inner London Trust, and to explore options for improving care for the population of patients identified as potentially having a substance misuse issue who are accepted by the service.

Methods. An initial audit of all opt-in questionnaires was conducted between September 2019 and September 2020. In this analysis of 144 responses, 72 were found to have indicated that they had experience of a substance misuse disorder. Of these responses, 55% of answers made it possible to discern the substance of misuse, and 31% of answers allowed for differentiation between historic and current misuse. In response to these findings, the AUDIT-C was incorporated into the opt in questionnaire with data subsequently collected and analysed between December 2020 and February 2021. Subsequently, patients identified as having and AUDIT-C score indicating possible harmful or dependent drinking were offered interventions stratified by score with a clinician supervised by the substance misuse service

Results. In the re-audit period of opt-in questionnaires, there were 31 respondents, of whom 90% indicated that they or a contact had been concerned about their substance use. Inclusion of the AUDIT-C allowed for differentiation between alcohol and other substances in 100% of cases, and in 71% of cases it was possible to discern current vs historic substance misuse. In the period of December 2020- December 2021, four patients accepted the offer of a brief intervention.

Conclusion. It was felt that obtaining higher quality data pertaining to substance misuse in patients accepted for psychotherapy was beneficial in terms of being better able to understand needs of patients and also to guide clinical management. Furthermore, introduction of a pathway to guide interventions in cases identified as being potentially at risk appeared to be effective in addressing substance misuse within this population. It is hoped that this preliminary evaluation can guide further service model development within this psychotherapy department and within other services in order to better address the needs and improve access to services of patients with comorbid substance misuse disorders.

Evaluation of Early Neuro-Imaging Requests for Dementia Diagnosis in Wolverhampton Memory Assessment Service (MAS)

Dr Aparna Prasanna, Dr Kuljit Mandair* and Dr Clare Ling

Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom
*Presenting author.

Aims. The Wolverhampton Memory Assessment Service (MAS) is nurse led and accepts referrals from primary and secondary care settings. There has been a rapid rise in the number of referrals as well as an increase in demand to provide a timely diagnosis. This poses a challenge to meet the national aspiration of referral to diagnosis in 6 weeks. The aim is to improve access to neuroimaging in order to avoid delays to diagnosis and management.

Methods. In January 2022, a retrospective sample of three groups of newly referred patients to MAS between 1st June-31st October 2021 was selected, each group consisting of 15 patients.

A dedicated tool was used to collect data. MAS follows NICE standards for neuroimaging in dementia guidance.

In Group 1 scans were not requested at referral but were requested after initial nursing assessment, in Group 2 scans were available at initial referral and in Group 3 scans were requested by the MAS Consultant Psychiatrist upon receipt of referral.

Results. In group 1; 47% of patients have still not had a scan (with a waiting time of approximately 6 months) and 73% have not been given a diagnosis. Three patients were given a diagnosis due to exceptional circumstances and therefore the results of these patients can be disregarded.

In group 2, all (100%) patients had a scan either prior to the referral (73%) or requested by GPs at the time of referral (27%). 80% of patients have been given a diagnosis. The average days from referral to diagnosis was 82 days. Patients not given a diagnosis yet was due to cancellation/awaiting appointments.

In group 3, all (100%) patients have had a scan and 67% of patients have been given a diagnosis. The average days from referral to diagnosis was 102 days. Patients not given a diagnosis yet was due to cancellation/awaiting appointments.

Conclusion. Implementing a pathway whereby clinicians can either have access to prior neuroimaging or refer appropriate patients for scans at the point of referral, significantly reduces waiting times to diagnosis and management within a timely manner.

This reduces carer burden and provides increased support from appropriate services as well as reducing the chances of patients ending up on crisis pathways.

There is a need to implement an integrated care pathway that is responsive and accessible to all patients.