

**Conclusion.** The mental health charity YoungMinds carried out several surveys throughout the COVID-19 pandemic's first wave. They demonstrated a detrimental effect on young people's mental health in the UK.

YoungMinds surveys revealed that 32% and 41% of young people experienced "much worse" mental health due to COVID-19. The findings of NHS Lanarkshire were similar, with 31% of adolescents presenting to A&E as a result of COVID-19.

No adolescent included in this review had contracted COVID-19 at any point. Their mental health was therefore impacted by the indirect effects of COVID-19 rather than the direct effects of infection. For the 31% of CAMHS presentations to A&E which were due to COVID-19, most young people struggled with the lockdown/restrictions.

The number of presentations to A&E increased every month between April and August 2020 except for July. This could be due to people's initial fear of coming to hospital and catching COVID-19. However, as infection and death rates decreased towards the summer, people may have regarded hospitals as safer. The general increase in referrals every month may also be a reflection of the worsening of young people's mental health the longer the pandemic extended.

### Falling through the cracks' – the role of assertive alcohol outreach teams in treating comorbid mental health problems in people with addictions

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**Aims.** Input from Assertive Alcohol Outreach Teams (AAOTs) reduces the 'burden' on already overstretched community mental health teams (CMHTs).

AAOTs are specialist addictions services. This project focuses on an AAOT based in the London, which engages with people with severe alcohol and illicit substance misuse problems.

Previous research has shown that input from AAOTs reduces hospital admissions. This project examined the impact of AAOT input on reducing the 'burden' on CMHTs.

**Method.** The full caseload of the Southwark-based AAOT was reviewed, including mental health records, general practitioner notes, hospital notes and discharge summaries. We collected data on diagnoses and previous hospital admissions. Patients were assessed to determine whether they met criteria to be open to a CMHT (the presence of complex or serious mental health problems, in addition to addictions).

**Result.** The caseload was made up of 39 patients, 85% of patients were deemed to meet criteria for being under the care of a CMHT. Only 15% of patients are currently under the care of a CMHT. 87% of patients had at least one comorbid psychiatric diagnosis. 72% of patients had had at least one emergency department or medical hospital admission due to mental health-related problems. 39% had previous admissions to mental health wards. 21% of patients has been admitted under Section of Mental Health Act.

**Conclusion.** The majority of AAOT patients have severe mental health problems in addition to addictions. The patients are complex and often have a history of disengagement from standard mental health services. Formal diagnosis and treatment of comorbid mental health problems is challenging in the presence of protracted drug and alcohol misuse. AAOT input appears to address a serious 'gap' in supporting patients with complex

mental health needs who are often ineligible for CMHT input or disengage from CMHT support.

### Use and understanding of functional cognitive disorder terminology in United Kingdom clinical practice - a survey

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**Aims.** This study aimed to explore the terms used by old-age psychiatrists and psychologists to describe subjective and mild cognitive impairment and functional cognitive disorders (FCD) in clinical practice.

**Method.** Participants were selected from across the United Kingdom based on their clinical involvement in the assessment of cognitive complaints. 9 old-age psychiatrists and 4 psychologists were interviewed about their use of terminology in clinical practice and their awareness and understanding of FCD terminology via semi-structured interview questions and case vignettes. Interviews were conducted between December 2020 and February 2021 using online platforms Zoom and Microsoft Teams. Participants were recruited by email and Twitter. All questions were asked verbally; however, the four case vignettes were displayed via screen-share. All discussions and answers were transcribed and transcripts were coded manually using the exploratory case study methodology in order to identify themes in participants' responses.

**Result.** This study has highlighted the variable use of terms used to describe and diagnose patients presenting with symptoms of cognitive disorders. The terms 'mild cognitive impairment', 'subjective cognitive decline' and 'functional cognitive disorder' were used most commonly amongst participants, though the terms 'subjective cognitive impairment' and 'pseudodementia' were also presented. This theme of language discontinuity is underscored by participants' varying use of terminology when describing or presenting their diagnoses for the case vignettes. The data also reveals a sub-theme of variability in application of the term FCD. Whilst all participants gave similar definitions for this term, the application of FCD as a diagnosis in practice was inconsistent. Six participants described FCD as associated with or secondary to other functional or psychiatric conditions, four participants viewed FCD as an isolated diagnosis, and one participant considered FCD to be either part of another illness or a separate diagnosis. Two participants neither used nor recognised the term FCD.

**Conclusion.** It is evident that there is varied use of terms describing or diagnosing forms of cognitive symptoms. The findings of this study highlight the need for a clear, adoptable definition of FCD in practice as well as implementable management plans for FCD patients. This is critical in order to avoid misdiagnosis and mismanagement, which may have harmful effects on patients living with debilitating cognitive symptoms.

### Length of hospital stays in patients with psychosis before and after starting on lurasidone

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**Aims.** This study looked at the differences in the length of hospital stays in number of days, 12 months before and after starting on Lurasidone, in patients with psychosis.

**Method.** A retrospective review of medical records between 2016 and 2019 of patients with psychosis due to all causes at a First Episode Psychosis service in the United Kingdom was performed. Most common side effects, duration of Lurasidone treatment and reasons for stopping Lurasidone were recorded. The length of hospital stays (in number of days) before and after being started on Lurasidone of those had taken Lurasidone for at least 12 months were compared using a paired t-test.

**Result.** 43 (n = 43) patients had taken Lurasidone at some point during the study period with a mean age of 30.48 years and a male: female ratio of 1.4:1. The average duration of treatment was 327 days. The most common reported side effects were sedation (16%), nausea (7%) and tardive dyskinesia (7%). Among these 43 patients, 19 patients (44%) tolerated and were on Lurasidone for at least 12 months with a mean age of 30.42 and a male: female ratio of 0.42:1. Of these 19 patients, the total number of days of hospital stays within 12 months before and after Lurasidone initiation was 1179 days (mean = 62.05) and 242 days (mean = 16.47) respectively. The paired t-test showed a significant reduction in the average length of hospital stays in these patients within 12 months after Lurasidone initiation (p = 0.0466).

**Conclusion.** Patients with psychosis who were on Lurasidone had a statically significantly reduction in the length of hospital stays within 12 months of medication initiation; up to 44% tolerance rate, with better tolerance in female patients and the most common side effects being sedation, nausea, tardive dyskinesia.

## Evidence base for psychological treatment of personality disorder – a narrative review

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**Aims.** This review critically appraises the up-to-date evidence base for psychological treatment of PD.

**Background.** The prevalence rate of any personality disorder (PD) in the general population has been estimated to be as high as 12% rising to over 70% in prison settings. PD is known to carry significant psychosocial and health burdens with increased mortality, increased suicide, increased substance misuse, increased crime, reduced capacity to work, poorer outcomes for comorbid mental disorders, dysfunctional engagement with services, and high economic costs through a high utilisation of healthcare systems. In the 1990s several manualised treatment strategies emerged, specifically for borderline PD. These include dialectical behaviour therapy, cognitive therapy, cognitive analytic therapy, mentalization-based therapy, transference-focused psychotherapy, and schema-focussed therapy.

**Method.** Using relevant search criteria, literature was identified through a search of the following databases: PubMed, EMBASE, and PsycINFO. Data were appraised and synthesised to provide a comprehensive overview of the current evidence base for psychological treatment of PD.

**Result.** The DSM-V defined Cluster B borderline PD has received the majority of attention. Increasing attention has been paid in recent years to the Cluster B antisocial PD. Cluster A (Paranoid, Schizoid, Schizotypal) and Cluster C PDs (Avoidant, Dependent, Obsessive Compulsive) have received relatively little attention with few studies to draw upon regarding the effectiveness of therapy.

The remaining Cluster B personality disorders (Narcissistic and Histrionic) have been criticised as having poor construct validity, with a lack of rigorously designed treatment trials.

A number of treatment protocols have gained empirical support. However, of those that have empirical support, there appears to be little demonstrable evidence to suggest superiority of any one of the evidence-based interventions over another. While specialised therapies are more efficacious than “treatment as usual” or treatment delivered by expert clinicians, when specialised therapies are compared with well-specified manualised general psychiatric care tailored to personality disorder, the results are different, with little consistent evidence demonstrating the superiority of specialised therapies.

**Conclusion.** Current evidence suggests that individual therapies do not differ substantially from each other or from structured clinical care that relies on generic change factors. This is in keeping with established psychotherapy outcome literature. Current evidence would indicate that common features across the proven treatment strategies should be emphasised and implemented well. There may be justification for added interventions from specific treatment modalities targeted to specific patient problems.

## Autism in girls and the pre-referral environment

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**Aims.** This literature review sought to identify and highlight any sex specific factors in the diagnosis of autism spectrum conditions during the pre-referral period which might affect diagnosis rates in ASD in girls. The null hypothesis was that there are no sex specific factors that affect referral and diagnosis of ASD in girls.

**Background.** Historically, boys are diagnosed with ASD more than girls but rates vary depending on clinical population characteristics. Diagnosis trends continue to demonstrate a large male excess. The concept of autism as a predominantly male condition has been challenged and there is increased focus on females with high functioning autism who are not being detected as easily.

Various theories exist as to why this is the case.

There are high rates of suicidality in ASD and risk of death by suicide is higher in ASD women (the reciprocal of the suicide rates in general population where more men complete suicide). Women with high functioning autism represent an at risk group. Undetected autism in females may be complicated by ‘camouflaging’ or masking of symptoms which puts a large strain on individuals functioning and mental health. Costs to society and the individual are large.

However, early identification and intervention improves outcomes such as activities of daily living and social behaviours.

**Method.** An electronic literature search was completed using MEDLINE, PsycINFO and EMBASE in November 2018. Key terms were: (‘child\*’ OR ‘adolescent’ OR ‘young pe\*’) AND (‘ASD’ OR ‘autism’ OR ‘asperger\*’ OR ‘high functioning\*’ OR ‘PDD’ OR ‘Pervasive developmental\*’) AND (‘girl\*’ OR ‘sex’ OR ‘gender’). Papers were excluded on a number of grounds.

**Result.** 11 papers were included in the review from an initial 2823 abstracts.

**Conclusion.** A number of papers highlighted important learning points. Some of the more original conclusions included that we require more studies comparing populations of girls with ASD to high risk, high functioning girls and female controls to clarify features particular to the ‘female phenotype’. Delays in diagnosis in girls appears to pre-date assessment so further thought on how to