

A Comparison of the Number of Referrals for Psychiatric Assessment and Prescribing Rates of Psychotropic Medication in the Year Leading Up to the COVID-19 Pandemic and the First Year of the Pandemic in a Child and Adolescent Mental Health Service (CAMHS) in South Edinburgh

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Aims. To establish if there were any significant changes in the number of referrals for psychiatric assessment or prescribing rates of psychotropic medication in the South Edinburgh tier 3 CAMHS team during the first year of the COVID-19 pandemic compared to the previous year. To explore factors that might be responsible for these changes.

Methods. Referrals to the Psychiatric Assessment Clinic were analysed between the periods of 23rd March 2019 and 22nd March 2020 and 23rd March 2020 to 22nd March 2021. Using the unique numeric patient identifier, data from these referrals was gathered retrospectively by looking at clinical documentation on the healthcare information system used across NHS Lothian. Data were gathered for 243 patients.

Data were collected on psychiatric diagnosis and, if medication was prescribed, what class of medication this was. Information on potential confounding factors was also gathered including sex, age, co-morbid psychiatric diagnoses, history of self-harming behaviours and suicide attempts, family set-up, schooling and other support services involved. Information was stored anonymously.

Data were coded. Statistical analysis was undertaken using SPSS (statistical package for the social sciences).

Results. Referrals for psychiatric assessment almost doubled from 83 pre-pandemic to 160 during the first year of the pandemic. Referral rates for most psychiatric disorders increased. The proportion of patients prescribed psychotropic medication increased significantly during the first year of the COVID-19 pandemic compared to the year preceding ($P=0.031$).

Analysis of possible confounding factors was completed. Anti-depressant prescribing rates for those from non-nuclear families increased significantly in the year during the pandemic ($P=0.012$). Other differences were observed but these were not statistically significant. The numbers of patients who self-harmed, attempted suicide or carried out both increased from 42 to 79.

Conclusion. Findings add to the existing body of literature highlighting an increase in referrals to mental health services and prescribing of psychotropic medications in the first year of the pandemic in comparison to those pre-pandemic. No clear conclusions could be drawn about factors responsible for change. Continuing to monitor referrals and confounding factors over time would be useful from a public health perspective. It would allow trends to be drawn so that planning can be carried out for future pandemics.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

The Patient's Guide to Buvidal: A Service Improvement of a Digital Repository of Patient Information for Patients Taking Buvidal in Wales

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Aims. Buvidal is being used with patients with opioid dependence. Only 35% of patients read the paper patient information leaflet, which could be improved by condensing the information, making it accessible and relevant. Therefore, the aim was to create a series of informative videos answering important questions for patients taking Buvidal and then evaluate their perceived efficacy.

Methods. Data were collected from a questionnaire taken by patients taking Buvidal and healthcare professionals (HCPs) working in Substance Misuse Psychiatry in Wales. The results and preferences were analysed and the information was used to create 5 videos addressing the questions the participants thought were the most important. A second questionnaire was sent out alongside the videos to the original participants to gauge their utility. The Patient's Guide to Buvidal can be accessed on YouTube: shorturl.at/afj13.

Results. All participants reported that the videos would be useful in answering their questions about Buvidal. Participants ranked the use of Buvidal, the effect of comorbidities and other substances on taking Buvidal and side effects as the most important topics to be covered in the videos. Understanding and confidence increased in a mean of 80% of the topic areas discussed. HCPs reported an increase in 9 out of the 12 topic areas, whereas patients reported an increase in 7. There was no statistically significant difference between prescriber and patient confidence ($t(22) = 0.197, p=0.05$). 100% of the participants stated they enjoyed the videos and preferred them to the patient information leaflet.

Conclusion. The digital repository could be a valuable addition to the holistic care of patients taking Buvidal to improve their understanding of important questions and topic areas. The use of one long video using YouTube's bookmark feature may be preferred by patients to easily navigate the videos. In the future, new medications and routes may benefit from videos like this targeted at HCPs as well.

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The Role of a Specialist Community Rehabilitation Team (Mental Health Intensive Support Team) in Reducing Referrals for Out-of-Area Placements

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Aims. Patients may be referred for out-of-area (OOA) placements for a variety of reasons, including a lack of local service provision to meet the requirements of patients with complex or longer-term needs. OOA placements can lead to patients experiencing social isolation from family and friends, as well as disjointed access to local services. In addition, placements can be costly in

comparison with locally provided services. Mental health Intensive Support Team (MhIST) is a specialist community rehabilitation service within Cheshire and Wirral Partnership NHS Foundation Trust which was established in June 2021. Although the team does not have specific diagnostic inclusion criteria, patients referred will typically have a high level of complexity in addition to severe, treatment refractory symptoms and impaired social, interpersonal and occupational functioning.

Methods. We analysed routinely collected data to explore two methods by which MhIST is reducing referrals for OOA placements including i) direct diversion of patients who would otherwise have been referred for OOA placements to the community with MhIST support, and ii) facilitating discharge from local high dependency inpatient rehabilitation services in order to improve patient flow, which in turn additionally enables repatriation from pre-existing OOA placements.

Results. We identified a cohort of 33 patients who had been supported by MhIST for ≥ 3 months. This cohort includes seven patients who would otherwise have been referred for an OOA placement. Further analysis for this group showed that initial referrals to MhIST were received from community mental health teams (CMHT) (n=1), acute inpatient wards (n=4) and high dependency inpatient rehabilitation services (n=2). Two patients (29%) were discharged to supported accommodation, and five (71%) were discharged to independent accommodation. Within the wider patient cohort identified (n=33), 66% of patients are living independently in the community.

In total, 13 patients have been discharged from high dependency inpatient rehabilitation services to MhIST during the review period.

Conclusion. MhIST uses a multi-disciplinary model which offers an intensive level of support and a high frequency of interventions. The team includes support workers, nurses, doctors, occupational therapists, psychologists and social workers, and in addition links with other community services involved in housing, employment and social projects. A bespoke and flexible approach allows complex needs to be addressed within local services, and here we highlight the role of MhIST in reducing referrals to OOA placements.

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Knowledge of Service Users' Voting Rights Amongst Mental Health Professionals in Haringey

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Aims. Voting is an intrinsic part of being a member of society and promotes social inclusion. The vast majority of mental health service users have the same right to vote as the general population but are a disenfranchised group and inpatients are half as likely to vote. Service users experience many barriers to voting including knowledge of their eligibility and the accessibility of the registration and voting process. Mental health staff need to understand service users' voting rights so they can offer appropriate support. This project aimed to explore staff knowledge of service users' voting rights.

Methods. 77 multidisciplinary team members from inpatient and community settings in Haringey were surveyed about voting rights.

Questions focussed on staff knowledge of service users' right to vote (whether or not subject to various civil or forensic sections), if capacity to vote was required and if those with certain diagnoses were legally disenfranchised.

27 Care Coordinators were asked if they discussed voting with service users and whether support around voting and registration was in care plans.

Results. The response rate was 96%. No respondents answered completely correctly. Staff knowledge was similar across all groups and settings.

The majority of staff believed community service users (89%) and informal inpatients (93%) were able to vote.

63% of respondents knew inpatients on civil sections could vote. 81% knew those on a Community Treatment Order could vote. 40% of responses regarding the forensic sections were correct.

56% believed service users needed to have capacity in order to vote.

Certain diagnoses were believed to legally prevent service users from voting, including dementia (19%) and schizophrenia (13%).

44% of Care Coordinators discussed voting with service users and 26% included voting in care plans.

Conclusion. Despite a national campaign, the level of staff knowledge is disappointingly low throughout all groups and settings, risking service users being given wrong information. This further disenfranchises a group that already experiences significant barriers to vote.

It is of particular concern that a significant minority of staff believed certain diagnoses legally prevent voting.

It was poorly understood that capacity is not relevant to the right to vote.

Voting rights and available support is not widely discussed by care coordinators with service users.

Clearly, education and training on voting rights is necessary for mental health professionals. We are planning staff education sessions and service user workshops as a quality improvement project.

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An Audit of Documentation Relating to a Decision-Making Capacity to Consent to Admission to the Peter Bruff Mental Health Assessment Unit

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Aims. Assessment of the capacity to consent to admission is an important legal and ethical issue in daily medical practice. Mental Capacity Assessment (MCA) should be carried out thoroughly based on all the domains mentioned in the Mental Capacity Act (2005) and be recorded in the patient's notes or admission. This audit evaluated the documentation available on the electronic database (Paris) in order to ascertain what information was and wasn't documented. The standard used: "Decision-