

question is a very easy and reproducible change to implement and RBD should be screened for in all memory patients.

Improving the Appropriateness of Referrals From Primary to Secondary Care Confounded by the COVID Era: Student Status and Quality of Referral Evaluation in Oxford City Team (SQUARE-OCT)

Mr Wesley Quadros^{1*}, Dr Mohamed Ahmad², Dr Wishwanath Patkee³, Dr Theodora Katsanouli³, Dr Katy Hyams², Ms Nicola Watkins², Ms Amani Krayem², Dr Maja Bilip², Dr Tarek Zghoul³, Dr Shah Tarfarosh², Dr Leah Holm-Mercer³, Dr Sureyya Toparlak², Dr Adam Tian³, Dr Khadija Masood² and Dr Digby Quested^{2,1}

¹University of Oxford, Oxford, United Kingdom; ²Oxford Health NHS Foundation Trust, Oxford, United Kingdom and ³Oxford University Hospitals Foundation Trust, Oxford, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.93

Aims. The Oxford City and NE Oxon Adult Mental Health Team (AMHT) is an adult mental health team receiving referrals from GPs for most cases suspected to have a mental health illness requiring secondary mental health services' input in Oxford city. In January 2020, the team was remodelled with care coordinators working in separate functions based on the duration AMHT support was required for, i.e. an assessment team and a treatment team, but with medics covering both functions of the team. This quality improvement project examines AMHT referrals over 2020/21, hypothesising a reduction in the proportion of inappropriate referrals following the remodelling compared to a 2018/19 pre-remodelling audit.

Methods. The project covers a total of 2803 referrals the team has received from 13/01/2020 to 12/01/2021. The outcomes measured included the number of inappropriate referrals returned to the GP, referrals only requiring a single assessment, the proportion of these referrals as university students in Oxford, and the diagnostic groupings of the referrals in students vs non-students. These outcomes were measured pre- and during the COVID-19 pandemic over 2020/21.

Results. A reduction in the total number of referrals to the team was noted over 2020/21 but this was compared to an 11 month audit in 2018/2019. During the study period, 19.5% (546/2803) of referrals were deemed inappropriate compared to 21% of referrals received in 2018/2019. Of 2803 referrals, 14.7% (97/658) were inappropriate pre-COVID-19 vs 20.9% (449/2145) during the pandemic. Of the total number of referrals, 32.9% were returned to the GP following a single assessment.

The top 3 diagnostic categories in 'non-students' were mood/affective disorders (33.7%), anxiety/stress related disorders (17.2%), and neurodevelopmental disorders (7.8% total - ADHD was 3%). A significant increase in ADHD referrals and mood disorders amongst students compared to non-students is notable with the top 3 diagnostic categories for students being mood/affective (24.7%), neurodevelopmental disorders (19.5% - ADHD 17.7%), and anxiety/stress related disorders (13.4%). Students constituted 26% of the total number of referrals.

It was notable that during the pandemic there was a higher proportion of inappropriate referrals.

Conclusion. Our project demonstrates a reduction in the proportion of inappropriate referrals sent to the AMHT following remodelling as compared to 2018/19. Further work is necessary to elucidate the contributing factors and reduce inappropriate referrals even further. An innovation is planned to automate the logging of referral outcomes to expedite a re-audit.

A Qualitative Study Exploring the Experiences of Service Users With Complex Mental Health Needs

Dr Pooja Saini^{1*}, Miss Laura Sambrook¹, Miss Anna Balmer¹, Miss Hana Roks¹, Dr Jason McIntyre¹, Dr Antony Martin², Dr Jackie Tait³, Mr Peter Ashley-Mudie³, Mr Amrith Shetty³ and Professor Rajan Nathan³

¹Liverpool John Moores University, Liverpool, United Kingdom; ²QC Medica LLP, York, United Kingdom and ³Cheshire and Wirral Partnership NHS Foundation Trust, Chester, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.94

Aims. Little is known about the experiences of individuals presenting with complex mental health needs and the provision of care they receive for suicide and self-harm behaviours. There are limited data describing the support individuals receive from services and, where they do, how this support is provided. Research suggests that those presenting with a more complex clinical presentation may have a history of both suicide attempts and self-harm. The aim of the study is to explore the experiences of individuals with complex mental health needs in respect of their self-harm and suicidal behaviours, and experiences of support received from mental health care services.

Methods. A semi-structured interview methodology was used to generate qualitative data. Representative participants with complex mental health needs were recruited from across Cheshire and Wirral Partnership NHS Foundation Trust, UK. Ten participants were interviewed for the study. Interviews were audio-recorded and transcribed verbatim. A transcript-based conceptual analysis was conducted to identify and explore emerging themes.

Results. The following three themes emerged from the service user interviews: (i) Service users discussed suicide attempts following inappropriate discharge; Service users spoke about feeling unsupported and not listened to by care staff, particularly as inpatients; and (ii) Service users expressed a necessity for staff training to improve understanding of self-harm and suicide attempts, having experienced negative consequences of staff handling when they may have self-harmed.

Conclusion. This study highlighted the following recommendations for future suicide prevention for mental health services treating service users with complex mental health needs: increasing staff awareness of suicide or self-harm related issues; improving training and risk assessment skills; providing appropriate support for service users following discharge from inpatient settings; improving liaison and collaboration between services to provide better service user outcomes; and increasing awareness in listening to service users' distress about suicidal or self-harm thoughts for each individual's situational context.

Yorkshire and Humber Less Than Full Time Trainees: What Do They Need?

Dr Laura Shaw^{1*} and Dr Sara Davies²

¹Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom and ²Health Education England, Yorkshire and Humber, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.95

Aims. Due to the demand for increased flexibility of working there is an ever-increasing number of trainees working Less Than Full Time (LTFT). The Royal College of Psychiatrists supports LTFT training and careers within the specialty. However,