

Wellbeing at Work (NG212) and highlight areas of concern and propose recommendations to improve staff wellbeing.

Methods. Anonymous self-report questionnaire, based on a validated tool recommended in the NICE NG212 guidance, was disseminated across four boroughs within the trust to measure wellbeing in the workplace. The survey had 19 questions, 17 requiring scores on Likert scales and 2 descriptive questions, aimed to gain information on the five drivers of wellbeing in the workplace (health, relationships, environment, security, and purpose).

Results. A total of 123 responses were analysed. Across all four boroughs, physical health scored worse than mental health. 44.7% of respondents felt they had inadequate facilities in the workplace to support their health and wellbeing. Further, 32.5% of responses disagreed/strongly disagreed that change was managed well in their organisation compared with 25% who agree/strongly agree. Key words such as staff-appreciation and team-building days recurred in qualitative responses across the trust. There were further site-specific differences. Research shows that provision of workplace exercises can be safely used for the promotion of employees' physical and mental health. Cost-effective strategies such as staff-appreciation and gratitude can improve job satisfaction thereby promoting staff retention. To consider elements of face-to-face contact with colleagues could also have a positive impact on psychological wellbeing due to more productive meetings; increased networking; increase of engagement and job satisfaction.

Conclusion. The CAMHS staff wellbeing survey provided useful insight into staff perception of their wellbeing at work. Repeating the survey, after implementing recommendations, would help identify important determinants. Despite the survey being limited to the specific trust, further research into CAMHS staff wellbeing across the UK could help facilitate improvements and help with staff retention.

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A Survey on Additional Health Risk Factors for Heroin Users Presenting in Emergency Department (ED) of Chesterfield, North Derbyshire

Dr Adeel Rauf, Dr Deepak Sirur* and Mr Martin Smith
Derbyshire Healthcare NHS Foundation Trust, Chesterfield, United Kingdom

*Presenting author.

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Aims.

1. To identify various physical and social health characteristics of heroin users to reduce further risks presenting to ED in Chesterfield, North Derbyshire.
2. To consider whether any characteristics identified could develop a targeted screening tool for enhanced interventions.

Methods. A retrospective review of ED notes was conducted from Chesterfield Royal Hospital using electronic patient records of heroin users who are under the care of Drug and Recovery Partnership (DRP) in Chesterfield, North Derbyshire. We developed a proforma for data collection analysis using Microsoft Excel.

100 patients were chosen over a time interval of one year in which they have had at least one ED presentation.

We looked into Body mass index (BMI), physical health diagnoses, number of presentations to the ED in one year, psychotropic medications, dose of opioid substitution therapy and living circumstances of the attendees. These characteristics were identified in a previous study of local mortality data.

Results. 46% of the attendees only presented once in the study interval.

83% of the attendees presented to ED due to a medical reason.

41% of the attendees had raised BMI.

73% of the attendees who attended were on Opioid Substitution therapy (OST). 51% of the attendees were using a dose between 70–100 ml of methadone.

27% of the attendees had co-morbid COPD and Asthma.

47% of the attendees were on prescribed psychotropic agents.

56% of them were prescribed mirtazapine.

44% of the attendees lived alone, 33% with a partner.

Conclusion.

1. Based on the sample, 83% of the heroin users presenting to ED in this period of study attended due to physical health concerns.
2. As half of the sample were not serial attenders (46%), it is important that opportunities of assessment for this high-risk group of people are not missed.
3. Nearly three quarters (73%) of the attendees were on prescribed OST, half of those were within optimised dose. This suggests for tighter links between liaison to local drug services to alert presentations with specific consideration of harm reduction interventions, dose optimisation or re-titration onto OST.
4. The data collected over this period supports the development of a pilot screening tool to prioritise enhanced care interventions with a specific focus on harm reduction for a specific group of high-risk heroin users.

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Introducing the Dementia Crisis Service in East Kent: Can We Reduce Rates of Hospital Admission?

Dr Swarupa SriBalaskanda* and Dr Bastiaan Veugelers
Kent and Medway NHS and Social Care Partnership Trust, Maidstone, United Kingdom

*Presenting author.

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Aims. Admissions to hospital can be traumatic for a person with dementia due to an inability to cope with unfamiliar environments, faces and routines. The dementia crisis service provides a rapid response and support, in particular to carers and care providers. The team support in managing problematic behaviours to avoid the need for a hospital admission. The team can complete physical examination and bloods in the home environment, reducing the need for involvement of further clinicians.

This project aims to evaluate the effectiveness of the dementia crisis service in reducing admissions to mental health wards.

Methods. The pilot for the service began in January 2023. We looked at the number of admissions to Heather ward, an older adult mental health ward in Canterbury, East Kent (the base of the team) over a 5 month period, between August 2023 – January 2024. We compared this to admission numbers a year ago. We looked at what proportion of patients were admitted with behavioural and psychological symptoms of dementia