

- a. Difficulty in assessing body language and facial expressions
- b. Difficulty in assessing the level of function of SU
- c. Unable to monitor physical health parameters
- d. Difficulty in picking up non-verbal cues, and assess eye contact to ascertain mood component of presentation.

In summary it seems in the early stages of the pandemic, telephone consultation was the predominant form of remote consultation. Further work would be useful to obtain the views of people with LD, their carers and families as to which form of consultation would be their preference and whether remote consultation is acceptable for this patient group.

Optimising Treatment Delivery and Reducing Length of Stay in an Adult In-Patient Unit

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Aims. Lifetime prevalence of eating disorders worldwide is 8.4% (3.3–18.6%) for women and 2.2% (0.8–6.5%) for men and this prevalence has been increasing over time. Anorexia nervosa has become a greater burden on secondary care: Not only have admission rates increased, but so too have multiple admissions per person with Anorexia Nervosa. Conservative treatment approaches and long lengths of stay have both direct and indirect costs for patients, hinder access to the service for potential patients and reduce service cost effectiveness. Ramsay Clinic Hollywood is a voluntary, private ten bed adult eating disorder inpatient service in Perth, Western Australia (WA). It is the only inpatient eating disorder specialist service for people over the age of 16, in both the private and public sector in WA. Over the past eight years, our focus has been on optimizing treatment delivery to minimise time spent in hospital for individuals with anorexia. The aim of this study was to evaluate whether instituting a rapid refeeding protocol was effective in optimising treatment outcomes, such as rate of refeeding and reducing length of stay (LOS).

Methods. A retrospective review of data collected for all inpatients from 2013–2019 was conducted. The outcomes evaluated were length of stay and number of readmissions.

Results. Utilising a rapid refeeding protocol successfully increased the rate of refeeding from 0.6kg/week to 1.5kg/week. This led to a reduction in average length of stay from 52 days in 2013 to 24 days in 2017. Concomitantly we have been able to double the number of patients admitted to the service/ year and reduce the number of readmissions/ patients

Conclusion. These results suggest that it is possible to lower length of stay by increasing the rate of refeeding and this in turn allows more patients access to hospital care for their eating disorder.

Improving Patient Engagement in Psychological Interventions

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Aims. The aim of this service evaluation project is to gain understanding about the reasons for service user's disengagement in

psychological interventions. We felt that the findings of this project will enable services to better understand the experience of service users and help recognise why someone requesting services does not follow through. Around 68% of patients who were referred to psychological therapy did not complete therapy in our community mental health team highlighting a need to improve patient engagement in psychological interventions. Patients under secondary mental health services have complex needs and any referral decision to the most appropriate psychological intervention will need to be carefully considered as a part of their treatment plan. Premature termination from psychological interventions can lead to poor treatment outcome, waste staff time and contribute to unnecessary long waiting lists.

Methods. Random sample of 20 service users who disengaged from psychological therapy were chosen and telephone interviews were conducted to determine their perspectives on reasons for their termination. Introductory letter informing about this project was posted to the service users and they were contacted after a week to gather information. The following themes were included in the interview questionnaire like demographic characteristics, psychopathological difficulties, problems related to therapy or therapist, external circumstantial problems, internal factors and service user views on satisfaction/achievement of therapy goals.

Results. The results showed:

1. The most frequent reported reason for disengagement from psychological intervention was COVID-19 and internal factors (thinking that therapy would not help, low mood/too anxious, previous bad experience with therapy and feeling unwilling to open).
2. Number of session's service users attended ranged from 0 to 6 and no one completed the therapy.
3. Waiting time (from referral to start of therapy) ranged from 2 to 6 months.
4. 37.5% of service users were not aware about therapy details.

Conclusion. The results were shared with staff via local meetings Recommendations were drawn to improve patient engagement and retention in therapy.

1. Outpatient pack resources developed to offer service users at appointments which has written information sheets about presenting problems, overview of psychological interventions/ assessment and diaries for service users.
2. New template was drafted to improve the referral process to psychology by referrers having access to guides on how to assess a person's psychological needs, readiness for therapy and the provision of consultation slots with psychologists.

Service Evaluation of COVID and Non-COVID Admission Trends to an East Midlands General Adolescent Psychiatric Inpatient Unit

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Aims. To explore the differences in admissions between the first COVID-19 lockdown cohort and a pre-COVID-19 cohort.

Methods. 23 young people who were admitted to an East Midlands General Adolescent Inpatient Unit during the first COVID-19 lockdown from March 2020 to September 2020 were compared with the 48 young people who were admitted in the same period in 2019. Demographic details, admission duration and reasons, mental health act (MHA) status, diagnoses,

functional status, and incidents were obtained retrospectively from the trust's online records.

Results. The unit received more female admissions prior to lockdown (60.4% Vs 47.8%). Approximately 30% of adolescents in the pre-COVID-19 group were not in education whereas those admitted during COVID-19 were all receiving education. More of the pre-COVID-19 group attended school than college and more of the COVID-19 group were employed, consistent with a lower mean age of admission in the former group. Most of the COVID-19 admissions were local and none were out of area. Young people were also more likely to be looked after by their parents during COVID-19 (82.6%) and none were taken care of by their relatives.

Pre-COVID-19 admissions were discharged sooner than their counterparts, which had 13% of admissions between 6–9 months. Both cohorts had mainly informal admissions due to risk to self. Most of the COVID-19 admissions were due to anxiety, followed by self-harm while the majority of pre-COVID-19 admissions were due to depression and PTSD. 43% of the COVID-19 admissions had at least one comorbid diagnosis, notably depression. More adolescents in the COVID-19 cohort were not started on any psychiatric medication during and after admission.

The mean number of incidents were two times higher in the COVID-19 group; self-harm was the most common reason. There was more violence towards staff during lockdown. However, absconson, possession of contraband items, and staff error were higher in the pre-COVID-19 group.

Conclusion. The introduction of COVID-19 restrictions was associated with a change in both the frequency and nature of inpatient admissions to this ward. Less young people were admitted during COVID-19, more frequently with anxiety as the primary reason and stayed for longer. Although the pre-COVID-19 group received more psychiatric medication, it is unclear if this contributed to a better functional status overall. This service evaluation also demonstrated the impact of COVID-19 on young people's mental health and life circumstances. An exploration of these trends in other units across the country would increase the generalisability of results.

Service Evaluation: Patient Engagement With Online Group Psychotherapy During the COVID-19 Pandemic in West of Scotland

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Aims. Online group therapy has gained popularity during the COVID-19 pandemic as an alternative to face-to-face group therapy. This service evaluation is aimed at assessing how this paradigm shift is received by the patients and how the quality of the provided services is assured and potentially improved.

Methods. 1. We have retrospectively compared the attendance records from all psychotherapy groups in North Lanarkshire psychotherapy department between two distinct time periods: from November 2018 to January 2019 when only face-to-face groups were available (5 groups, 29 patients) and from November 2021 to January 2022 when only online groups were available (4 groups, 21 patients).

2. In order to prospectively assess patient's views regarding online group therapy, Client Satisfaction Questionnaires

(CSQ-4, quantitative and qualitative) were distributed to January 2022 groups only.

Results. 1. The attendance rate was 5% lower in the face-to-face groups (76% vs 81%) while the non-attendance rate was lower by 1% in the online groups (9% vs 8%). The cancellation rate was also smaller by 5% in the online groups (14% to 9%).

2. In regard to the service satisfaction rates in the online groups, 57% of patients who responded, answered that "most of their needs have been met by the online services", 71% answered "services helped with their problems somewhat", 71% answered "they think they would come back to the program again and 66% answered" they are mostly satisfied with the services received. "The predominant positive aspects of the services according to free text comments were" "communication, understanding, sense of community" and the negative aspects that need improvement: "return to face-to-face (71% of answers), need personal interaction".*

* We have extended the deadline for the acceptance of the responses to 20th of February 2022 due to mailing systems being slowed down by the pandemic. (7 out of 21 questionnaires have been returned)

Conclusion. Overall the attendance rates between the online and face-to-face group therapy exhibit minor differences. Concerning the patient satisfaction rates they reveal that the majority of patients who receive group therapy online are above-average satisfied with the services, feel that the online therapy provides a sense of community but would prefer to return to face-to-face therapy.

Further data and studies will be needed to reach more robust conclusions.

Identifying Gaps for Service Provision in Children and Young People With Learning Disability and Challenging Behaviours And/or Mental Health Needs

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Aims. Children and adolescents with learning disability need multi-disciplinary input when they present with challenging behaviours or mental health disorders. This patient group needs specialist skills from the clinicians and professionals to support and meet their needs. There is no commissioned Child and Adolescent Learning Disability Mental Health Service (CAMHS) in Waltham Forest and support comes from Specialist Tier 3 generic CAMHS which comprises of Emotional Difficulties Pathway, Neurodevelopmental Disorders Pathway and recently developed Behaviour Pathway which mostly comprises of specialist parenting training/interventions. To identify gaps in service provision for children and young people with learning disability presenting with challenging behaviours and/or mental health needs in Waltham Forest as there is no formally funded CAMHS learning disability service in the locality.

Methods. All children and young people under 18 with learning disability under Waltham Forest CAMHS with ASD/ADHD and other neurodevelopmental disorders who meet the project criteria are included. Project criteria include 1) Main diagnosis of Learning Disability (Including clients with Learning difficulty (global), likely to have low IQ with cognitive impairment.), with or without associated other Neurodevelopmental disorders (e.g., ASD, ADHD or tics) or other mental health disorders and 2)