

The father was recorded as the parent to be experience most Domestic Violence; 40%. Other family members who experienced domestic violence ranged from the mother 32%, brother 12% and sister 8%. Other family members were 8%.

100% of the referrals did not report the domestic violence in the carer relationships, nor did referring agencies recorded safeguarding adults concerns.

Conclusion. The findings from this audit raises a couple of clinical, legal and safeguarding adults work in National Forensic Mental Health Services with regards to family work. Firstly, the need to (re)conceptualising family work in the context of trauma informed care. Secondly, family work should offer some families, who are victim of crime, a restorative approach. Thirdly, safeguarding adults will need to consider complex caring relationships and acknowledged this as part of care planning and support.

Has the COVID-19 pandemic affected out-of-hours presentations in CAMHS?

Sacha Evans

Mildred Creak Unit, Great Ormond Street Hospital

doi: 10.1192/bjo.2021.845

Aims. The aim of this project was to look at whether the COVID-19 pandemic, specifically lockdown, has impacted out-of-hours presentations to Child and Adolescent Mental Health Services (CAMHS) in North Central and East London.

Method. Specialist Registrars (SpRs) on the Royal London/Great Ormond Street CAMHS Higher Training Scheme are contacted for advice regarding all CAMHS presentations in the North Central and East London area. Responsibilities includes provision of advice to 6 hospitals (including 4 emergency departments) and 4 child and adolescent inpatient units. A record of all phone calls and call-outs, including Mental Health Act and Section 136 (S136) assessments are maintained and this study compares pre- and post-COVID-19 data to see if there are any differences in number of presentations, on-site assessments (including Mental Health Act and S136 assessments over 2019 and 2020).

Result. Numbers of CAMHS presentations were lower in 2020 (mean 74 patients per month) compared with 2019 (60 patients per month). This was consistent across all months except October and December. The largest difference was seen in March: 109 patients presented in March 2019, compared with 55 in March 2020. This is also reflected in the number of assessments conducted on site. However, there do not appear to be differences in the numbers of Mental Health Act or S136 assessments undertaken over 2020, compared with 2019.

Conclusion. CAMHS out-of-hours presentations dropped off significantly at the start of the COVID-19 pandemic in the UK, and in particular, with the first lockdown (March to July 2020). Specialist Registrars provided advice via telephone less frequently in 2020 compared with 2019, and were required to do fewer on-site assessments of children and young people presenting with mental health difficulties.

There were no significant differences in Mental Health Act or S136 assessments between the two years, however, these numbers are too small to make any meaningful conclusions.

It is likely that children and adolescents were less likely to present to emergency departments for assessment of their mental health difficulties during the COVID-19 pandemic, rather than this reflecting a true reduction in mental health difficulties.

Recommendations:

It is helpful to continue to monitor CAMHS out-of-hour presentations.

Trusts may want to consider alternative settings for providing emergency CAMHS assessments, for example, mental health hubs.

Limitations:

This provision of data is subject to recall bias.

Service evaluation project: the effects of healthy weight commissioning for quality and innovation (CQUIN) interventions on metabolic parameters of service users in a medium secure forensic ward

Elena Fage^{1*} and Gaurav Sharma²

¹Brent Home Treatment Team and ²St Bernards Hospital West London NHS Trust

*Corresponding author.

doi: 10.1192/bjo.2021.846

Aims. Service users of secure forensic units can be prone to weight gain due to various reasons including medications, physical illnesses, sedentary habits and mental health difficulties. They in turn are at greater risk of obesity related health problems like Diabetes, Hypercholesterolaemia, Ischaemic Heart Disease, Depression among others.

Our project was aligned with government's plan to improve prevention and screening for the obesity and metabolic syndrome among the patients of medium secure facilities by 2020.

Our primary objective was to gather and analyse the data on current metabolic parameters such as weight, body mass index (BMI), blood pressure (BP) and biochemistry markers of the service users on a 18 bedded Male medium secure long term rehabilitation ward.

Our secondary objective was to suggest healthy weight interventions that would help patients to loose weight and to explore the effects of these interventions on biochemistry markers and vital signs parameters.

Method. We collected cross sectional data in given period of time (mid-March 2020). Seventeen service users were included in the final sample. Following initial data collection, we suggested various healthy weight interventions for the patients and repeated data collection after four months (July 2020).

Interventions offered:

Healthy eating group

1:1 sessions with doctors and pharmacists

Gym referrals

Dietician referrals

Relaxation group

Result. Baseline

Fourteen patients on the ward (n = 14) were found to be either overweight or obese. Two patients (n = 2) had high BP, twelve patients (n = 12) had deranged lipid profile, six (n = 6) had high blood glucose (existing Diabetes).

Following intervention

Fourteen patients (n = 14) remained either overweight or obese. Nine patients (n = 9) lost weight following the intervention. Eight patients (n = 8) gained weight over 4 months. In both of the patients (n = 2) with raised BP the readings came back to normal after the intervention. One (n = 1) patient with normal BP at the baseline had high blood pressure following intervention.

Conclusion. Our service evaluation projects revealed that majority of the patients on the ward had deranged metabolic parameters such as increased BMI, abnormal blood tests and high BP.

Following our intervention more than a half of the patients lost weight whilst other half gained weight during the period of observation, which we suspect is associated with significant physical activity restrictions during the coronavirus pandemic. In both