

educators and mental health professionals to engage Saudi patients in using mental health apps.

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Perinatal Referral and Admission Trends in Leeds Mother and Baby Unit 2023–2024

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Aims: Mother and Baby Units offer specialised treatment to women in the antenatal period from 32 weeks gestation to 12 months postpartum. All referrals are screened for admission suitability. Reasons to reject referrals include absence of serious mental illness and high risk of violence.

To analyse relationships between referrals received and accepted admissions regarding clinical and social variables, including deprivation levels, timing of referrals, diagnosis and ethnicity.

Methods: Retrospective data collection looking at all referrals to Yorkshire and Humber Mother & Baby Unit between 1 April 2023 and 31 March 2024. Total 129 referrals. Patient records were used for data collection.

Results: Deprivation decile: Most referrals were from the most deprived decile (35%). Least from the least deprived decile (3%). Of the most deprived decile referrals, 86% were accepted. All from least deprived decile were accepted.

Ethnicity: Most referrals were white British (71%), then Asian/Asian British (13%), then black/black British (6%). Least were ‘other ethnic group’ (4%). 6% had no ethnicity stated.

Of the referrals for white British ethnicity, 87% were accepted. For Asian/Asian British ethnicity, 94% were accepted. For black/black British ethnicity, 71% were accepted. For other ethnic group, 40% were accepted. With no ethnicity stated, 63% were accepted.

Diagnosis: Most referrals were for diagnosis of Psychotic Disorder (46%), followed by Mood Disorder (33%), Multiple (10%), Other (7%), and least for Anxiety Disorders (4%).

Of referrals for Psychotic Disorder, 88% were accepted. Mood Disorder, 90% were accepted. Multiple, 53% were accepted. Other, 66% were accepted. Anxiety Disorders, 80% were accepted.

Time of Referral: For point of referral in perinatal timeline, most referrals were between 2–12 weeks postpartum (36%), then 12+ weeks postpartum (32%), 0–2 weeks postpartum (20%), and least from pregnancy (12%).

At 2–12 weeks postpartum, 85% were accepted. At 12+ weeks postpartum, 88% were accepted. At 0–2 weeks postpartum, 96% were accepted. During pregnancy, 47% were accepted.

Conclusion: The data highlighted discrepancies in number of referrals received from different deprivation decile areas and ethnicities, significantly higher from more deprived areas and higher number of referrals for white British ethnicity patients. The acceptance proportion was higher in less deprived areas, this could be due to significant difference in number of referrals. The acceptance proportion for different ethnicities were fairly in the same range. Targeted interventions to promote awareness could improve equitable access.

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CMHT GP Fortnightly Consultation Clinics – A Pilot Adjunctive Model for GP Access to Mental Health Advice

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Aims: Assessing the referral patterns, patient characteristics, constraints, immediate and wider benefits of a GP/CMHT fortnightly consultation-liaison clinic as a component of an enhanced community mental health service design.

Methods: A Transformation initiative pilot GP/CMHT Consultation-Liaison huddles convened over 20 (21) months via video-link; January–December 2021 (23) to September 2022 (14). Initial session in December 2020 enabled both teams comprising two managers, GP, Psychiatrist, Primary care link worker and GP community outreach specialists and CMHT admin support established the format of the Hour long sessions. At various times Other GP Colleagues/Specialist Addiction Services/Sexual Health Consultants/team members/Memory Clinic Specialists joined as appropriate. The sessions provided opportunities for a few video-linked patient consultations and trainee observations. Ahead of the fortnightly sessions is an email list of patients from GP to Psychiatrists with specific queries. Number of patients range from 4 (2) to 12 (14) each session. However, some queries were addressed ahead of sessions or concluded at the meeting. Enquiries varied, ranging from referrals tracking, medication or management advice, diagnosis, risk mitigation strategies and learning on incidents.

Results: Total 354 patient encounters were listed or discussed with number of patients per sessions ranging from 2 to 15 mean of (9). Total 37 sessions with 223 patients (2021) and 131 (2022) discussed. Recurring patient encounters range from 2–14 times. Non-recurring patients overall 113 (32%). All patients were within working age group, with the youngest aged 17 plus and the oldest 67 years (four patients). Mean age 38.4 years. Patient characteristics, diagnoses, risks and immigration issues and impact to access to services frequently encountered. Presentations discussed varied with more complex cases frequently recurring.

Conclusion: Consultation liaison model has evolved over the years. With recent pandemic, demand for secondary care interventions has increased to the degree innovative approaches offer alternatives to mitigate risks, support primary care services, strengthen GP confidence and most importantly, improve transfer to primary care. Further research is required to strengthen approaches to CMHT/Primary care interfaces.

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A Retrospective Observational Study on Admissions Timing in a Psychiatry Hospital: Impact of Late-Afternoon Peaks on Patients and Staff

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