CAMHS (Child and Adolescent Mental Health Service) to Adult MHLD (Mental Health of Learning Disability) services in North Kent. It examines the reasons for psychotropic medication use, assesses medication burden, and evaluates MHLD's effectiveness in reducing or discontinuing unnecessary prescriptions.

Methods: A retrospective review was conducted by searching the records of patients registered with MHLD North Kent between 2011 and 2022. The study included individuals aged between 17–24 years at their first MHLD assessment, either referred from CAMHS or via GP, Community Learning Disability Team, or Community Mental Health Team. Those first seen after age 24 were excluded. Data analysis covered referral sources, demographics, co-morbidities, prescribing patterns, and treatment outcomes.

Results: Seventy-one patients were identified, with an average referral age of 19. Males comprised 65%. 82% were White British. Learning disabilities were classified as mild (38%), moderate (39%) or severe (23%), with 87% having autism and 32% diagnosed with ADHD. Epilepsy was noted in 25%. Psychotropics were primarily prescribed for behavioural challenges, with risperidone being most common (32%), followed by promethazine (30%), melatonin (23%), and aripiprazole (15%). Medication reduction was attempted in 27% of cases, with 18% achieving successful dose reduction or discontinuation. Psychological interventions were provided to 55% of patients, with 36% having a diagnosis of challenging behaviour. Importantly, no patient exceeded a psychotropic load of 100%.

Conclusion: The main reason for referral was challenging behaviour. Psychotropic prescribing was frequent, yet no direct link was found between prescribing patterns and demographic factors. The MHLD team successfully maintained psychotropic loads within safe limits and engaged over half of the patients in psychological therapies. While medication reduction efforts were undertaken, success rates remained modest.

Recommendations:

Strengthen medication monitoring systems to enhance reduction efforts.

Develop a structured STOMP/STAMP plan and share it with GPs and carers.

Regularly review care plans, particularly when side effects arise. Improve access to MHLD services for GPs and carers to build confidence in medication management.

Work closely with psychological services to address challenging behaviour at its source.

Implement a clear medication review flowchart, incorporating it into patient records and communication with primary care.

These steps aim to enhance care for individuals with intellectual disabilities and refine medication management within MHLD services.

A Service Evaluation Exploring Referrals Made From Primary Care to CAMHS in Children With a Potential Diagnosis of ADHD, Autism and Other Mental Health Conditions in a South London Based GP Practice

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doi: 10.1192/bjo.2025.10514

Aims: This service evaluation aims to identify and assess referrals made to CAMHS at a south London based GP practice. The focus of this evaluation will be on referrals for Attention Deficit hyperactivity Disorder (ADHD), autism, anxiety and other mental health conditions such as depression and suicidal ideation. It will also aim to assess if the support available to parents and children is sufficient and if the long waiting times creates pressure on the practice.

Methods: This service evaluation has a cohort of 50 patients who were randomly selected through the EMIS database and had referrals to CAMHS from the practice for autism, ADHD, anxiety and other mental health conditions. The eight parameters that are being measured in this study are:

Age.

The type of mental health support that is offered in the community for the child, e.g. counselling.

The date of first referral from the GP practice.

The date whereby the referral was accepted or rejected.

If the referral was rejected, were there any more referrals?

If the referral was accepted, the number of appointments between referral and diagnosis at A&E.

If the referral was accepted, the number of appointments between referral and diagnosis at the GP.

The type of information and support given to the parents.

Results: In this study a total of 88 extra consultations were made at the practice or A&E with 84% of these consultations made at the GP. Many extra consultations were made at the general practice due to the long waiting times and worsening mental health whilst waiting for CAMHS input. 59% of referrals were rejected or put on a waiting list after the first referral was made. After the initial referral, 32% of patients made extra referrals, the majority being for ADHD and autism. Rejected referrals for ADHD were the highest at 14% of the total cohort and rejections for other mental health conditions were the lowest at 4%. Some patients received support in the community before or whilst waiting for a referral such as occupational therapy, counselling and school support.

Conclusion: This retrospective study highlights the need for more clarity in referral criteria for GPs and in signposting support services during initial referral and diagnosis to prevent the condition of the patient getting worse.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Readmission Patterns to KMPT Acute Wards

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doi: 10.1192/bjo.2025.10515

Aims: To identify patterns of readmission to acute wards and look for specific themes associated with readmissions – discharge planning, diagnosis, gender, social support, accommodation issues and any other associations.

To Identify improvement opportunities to align with the patient flow programme.

Methods: Data was gathered from KMPT Electronic patient record system. A total number of 12,602 admissions to all wards across KMPT between July 2019 and August 2024. The number of readmissions were extracted from this data.



Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.