

the proposal of an NHS wellbeing check-in; and how participants do not strive to improve their wellbeing until its decline.

Conclusion. This research demonstrates that wellbeing and burn-out have only a moderate negative correlation when using commonly employed measurement tools. Therefore, measures of burnout are not a surrogate for wellbeing. Further research could adopt a salutogenic approach by using the WEMWBS to monitor doctors' wellbeing and could explore interventions to increase well-being, rather than waiting for its decline.

Referrals to liaison services for older adults with deliberate self harm during the SARS-CoV-2 national lockdown - a collaborative service evaluation using liaison referral data

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Aims. Social isolation and living alone have been associated with increased suicidality in older adults. During the SARS-CoV-2 pandemic, older adults were advised to keep isolated and maintain social distancing. Lockdown periods in England may have led to increased isolation and loneliness in older people, possibly resulting in an increased rates of DSH and suicide. This study aimed to explore whether numbers of older adults referred to liaison services with deliberate self harm changed during the SARS-CoV-2 pandemic.

Method. Reason for referral and total number of referrals to liaison services for older adults data were collected across 6 mental health trusts who had access to robust data sets. Data were collected prospectively for three months from the start of the UK national lockdown and for the corresponding 3 month period in 2019, via trust reporting systems. This study was registered as service evaluation within each of the participating mental health trusts.

Result. Overall numbers of referrals to older adult liaison services went down, but the proportion of referrals for older adults with DSH increased. Across the six mental health trusts there were a total of 2167 referrals over the first three month lockdown period in 2020, and 170 (7.84%) of these referrals were for deliberate self harm. During a corresponding time period in 2019, there were a total of 3416 referrals and 155 (4.54%) of these referrals were for deliberate self harm

Conclusion. Although numbers of referrals for older adults with deliberate self harm appeared to stay the same, the severity of these presentations is not clear. Outcomes of referrals and severity of self harm could be explored by examining individual case records. As there have been subsequent lockdowns the data collection period should also be extended to include these. Triangulation with national and local datasets on completed suicide is planned.

A quality improvement project focused on improving the completion of 'notification of diagnosis' forms for the dementia register, in an outpatient setting

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Aims. The dementia register is designed to keep a record of all patients diagnosed with mild cognitive impairment (MCI) or dementia. Following diagnosis, a 'notification of diagnosis' form should be completed and the patient added to the register. The register is used to collate figures and to assess capacity and demand on services.

Our baseline audit revealed suboptimal completion of these forms, therefore we initiated a quality improvement project. Our aim was to achieve completion of the 'notification of diagnosis' forms in 50% of new memory patients seen in clinic and diagnosed with MCI or dementia, within 3 months.

Method. A baseline audit of a random sample of 52 patients, from the 380 patients on the memory clinic list was analysed. 40 of these 52 patients had a diagnosis of MCI or dementia and when cross-matched with the dementia register, only 12 (30%) of the 40 were on the register.

We designed an improvement project which focused on improving awareness of the process and facilitating ease of completion of the form, for example, by placing the form in all new patients' notes. Our results were then monitored and reviewed on a monthly basis for 3 months, to assess the impact of these changes.

Result. Each month, the percentage completion of the 'notification of diagnosis' forms was calculated for new memory patients diagnosed with MCI or dementia in clinic. In the first month of the project (November 2020), 75% completion of forms was achieved. This was a significant improvement from baseline. In December, 66.7% completion was achieved (plus one patient was already on the register) and in January 2021, there was 50% completion (plus one patient was already on the register).

Conclusion. The results showed an improvement in the completion of forms from baseline, and we did reach the initial aim set at 50% by 3 months. However, the trend of the results showed a steady decline in percentage completion of forms over the 3 month period. We noted that over time the forms were no longer consistently placed in the new patients' notes, reducing accessibility to the forms. Other potential factors include a reduction in enthusiasm/ a decline in prioritisation of this project over time. Suggestions have been made to facilitate ongoing improvement and the results will continue to be reviewed.

The Staff Mental Health Service in Cambridgeshire and Peterborough: a new model for assessment and treatment of healthcare workers in the context of COVID-19 pandemic

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Aims. Staff mental health is a major determinant of a well-functioning health system that has become ever more important during the COVID-19 pandemic. Poor mental health is the most common reason for NHS staff sickness absences, usually accounting for 25% of all reported sick leave. At a time when the NHS most needs an available and efficient workforce, government and NHS employers lack the necessary evidence to inform decisions about how best to support the mental health needs of its staff. In this report, we share our experience and the initial figures from a newly developed multidisciplinary assessment and treatment service for NHS staff.

Method. The Staff Mental Health Service (SMHS) at the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) launched in September 2020. The SMHS is commissioned by the Cambridgeshire and Peterborough sustainability and transformation partnership and is accessible to the 25,513 staff based at five NHS trusts within the region. The service received 235 referrals within 5 months of the launch. All patients had a first clinical contact within three working days and more than 80% had their initial assessment within two weeks. The SMHS clinical team is comprised of consultant psychiatrists, senior clinical psychologists, specialist mental health nurses, and an occupational health nurse set to provide rapid access, confidential, evidence-based treatments for the NHS staff. As part of service evaluation within CPFT, we collected routine screening data (Patient Health Questionnaire-9 (PHQ-9), Generalised Anxiety Disorder-7 (GAD-7), and Posttraumatic Symptom Check List – 6 (PCL-6)) from patients completing the initial assessment (n = 130).

Result. According to the initial figures (n = 130) from a diverse group of healthcare staff, on average the patients presented with moderate level of depressive symptoms (PHQ-9: 16.22 ± 5.94). Anxiety levels were in moderate to severe range (GAD-7: 13.45 ± 4.70). Average score of PCL-6 checklist for traumatic stress symptoms was higher than the established cut-off (>14): 19.43 ± 5.65.

Conclusion. The Staff Mental Health Service offers an innovative, multi-disciplinary rapid assessment and treatment clinic for NHS staff. The demand for the service has been immense, reaching double the number of predicted referrals. Initial data suggested high rates of moderate to severe depression, anxiety, and traumatic stress symptoms in healthcare workers. Our clinical observations was that many healthcare workers have had longstanding significant mental health conditions that saw deterioration during the COVID-19 pandemic. We hope that our experience in the SMHS will help inform models across the UK to address the clear unmet need for staff mental health.

Profile of sleep pattern, psychiatric comorbidity and problematic electronic gadget use in children and adolescents with autism and ADHD

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Aims. To assess the profile of Sleep pattern, Psychiatric comorbidity and problematic electronic gadget use and explore demographic factors and correlations in children and adolescents with ADHD and Autism.

Hypothesis: There are statistically significant problems and associations across sleep pattern, psychiatric comorbidity and gadget use in children and adolescents with autism and ADHD.

Background. Literature highlights increasing global trends and emerging concerns over the problematic use of electronic gadgets and sleep related problems in children and adolescents with autism and ADHD. There is sparse literature on the profile of sleep patterns, psychiatry comorbidity and problematic gadget use in children and adolescents with autism and ADHD from developing countries.

Method. This was an observational study conducted at the Child and Adolescent Psychiatry Clinic, Department of Psychiatry at a tertiary care Institution under the STS ICMR Project 2019 with Institutional Ethics Clearance. Apriori Sample size calculated was 70. Children and adolescents diagnosed with autism or ADHD as per ICD 10 criteria, fulfilling the inclusion criteria and willing to participate in the study were included. Informed consent was obtained from caregivers. Sleep Disturbance Scale for Children, Self Designed Parent based Problematic Electronic Gadget Use Scale, Vanderbilt ADHD scale, Indian scale for Assessment of Autism and the Child and Adolescent Psychiatry Clinic structured Performa were the tools for data collection. The results were analyzed with descriptive tests, chi square test and multiple logistic regressions using SPSS.

Result. Mean age of the sample was 9.1 years and majority (57%) were boys. Forty nine patients had ADHD and 21 patients had Autism. Problematic gadget use was higher in children ranging from 6 to 15 years of age and 12.8% had severe levels of problematic gadget use. 34.3% patients experienced severe problems in initiating and maintaining sleep. Oppositional-Defiant disorder was the most common comorbidity, predominantly inattentive type (76.4%) was the most common subtype of ADHD and mild autism (54.3%) was the most common type of autism in the sample. There were statistically significant associations (p < 0.05) between age and gadget use; hyperactive subtype of ADHD and problems with initiating and maintaining sleep and ADHD subtype, sex profile and problematic gadget use.

Conclusion. We conclude that sleep problems, psychiatric comorbidity and problematic gadget use are prevalent with statistically significant associations in children and adolescents with autism and ADHD as per our study findings. Our study has relevant clinical, research and policy implications.

Pregnancy audit in the PATH (Psychosis Prevention, Assessment and Treatment in Hertfordshire) early intervention in psychosis service

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Aims. To identify whether staff from the PATH Early Intervention in Psychosis (EIP) Service routinely ask female service users of child bearing age about their plans for pregnancy, whether risks of medication in pregnancy are routinely discussed and whether contraception is routinely discussed.

Method. In May 2019, a report was run capturing all female PATH service users of child bearing age (16-50 years) who were on the pathway at this time. This totalled 177 service users, all of whom were included in the sample. We used the search terms “pregnant”, “pregnancy”, “having children”, “contraception”, “conceive”, “baby”, “conception”, “miscarriage”, “abortion”,