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Aims. Functional Neurological Disorders (FNDs) affect motor or sensory functions without a detectable underlying disease. FNDs encompass a range of presentations including non-epileptic seizures, cognitive changes, weakness, and sensory symptoms. The prevalence of FND as a diagnosis is increasing rapidly. Following our clinical observations of a high prevalence of Attention-Deficit Hyperactivity Disorder (ADHD) in people referred with a previous diagnosis of FND to our tertiary Neuropsychiatry pilot service in Derbyshire, we conducted an integrative literature review with the aim to investigate the prevalence of ADHD in people diagnosed with FND.

Methods. We conducted an integrative literature review using a systematic approach. A literature search was performed on two databases, PubMed and ScienceDirect. The keywords 'Functional Neurological Disorder', 'Attention-Deficit Hyperactivity Disorder', 'Non-Epileptic Seizures', 'Functional' were used. Databases were searched for initial search on 31 November 2023 and the search was repeated on 31 January 2024. Only articles in English language were included. Studies were eligible if reporting the prevalence of ADHD in FND populations. Studies involving adults and children were included. A further search was conducted on reference lists from the selected articles.

Results. Database searches on PubMed and ScienceDirect had 298 and 11,837 results, respectively. Only seven studies were identified that explored the prevalence of ADHD in individuals diagnosed with a FND and were included. In the adult population an association between a FND diagnosis, and ADHD traits identified on screening, or a final ADHD diagnosis was identified. The findings also demonstrate an increased incidence of comorbid ADHD and FND with the presence of another co-existing neurodevelopmental disorder such as Autism Spectrum Disorder. Furthermore, results indicated that the prevalence of an ADHD diagnosis in children with a FND was higher compared with adults. The literature suggests that, in both adults and children with FND-related functional seizures there is an increased prevalence of comorbid ADHD.

Conclusion. In conclusion, the findings from this review demonstrate a lack of evidence looking into the prevalence of Attention-Deficit Hyperactivity Disorder in complex presentations being labelled as Functional Neurological Disorder. However, the existing literature indicates there is an association between FND and ADHD. These findings highlight the importance of considering potential ADHD comorbidity in the assessment and management of FND, potentially informing targeted treatment approaches for affected individuals. Further research could explore the efficacy of ADHD medication and similar dopamine modulating molecules in treating sub-cohort of people with FND.

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.

Impact of Covid-19 on Referrals to Paediatric Liaison Psychiatry at Children's Health Ireland (CHI) at Crumlin as the Pandemic Moved to Endemic Status

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Aims. Rates of acute mental health presentations in youth were rising pre-pandemic internationally. Longitudinal studies following Covid-19 attest to ongoing deterioration in youth mental health, recognising adverse unintended consequences following public health restrictions.

This study aimed to examine whether the initial reported post-Covid-19 increase in mental health presentations persisted following the reclassification of Covid-19 to endemic status, which was accompanied by removal of most restrictions.

Methods. All referrals to paediatric liaison psychiatry (PLP) between Jan 2018–Dec 2022 in a Dublin tertiary children's hospital were included in the study. An interrupted time series analysis was conducted examining referrals with respect to different phases of Covid-19 and application of public health restrictions.

Results. 1,385 referrals to PLP were received over the 5-year study time-period. There was a significant decrease in PLP referrals immediately post Covid-19, following a significant and sustained increase as the pandemic progressed. Public health restriction phases had a unique effect on those presenting with suicidal ideation, with a significant increase in the number of referrals received. There was no effect of restrictions on other clinical profiles.

Conclusion. Increased referrals for youth with mental health difficulties, reported during the Covid-19 pandemic, persisted into the early endemic stage, after Covid-19 public health restriction have ceased. Potential impacts of restrictions on referrals of youth with suicidal ideation require further study. Investment in child and adolescent mental health services remain a priority, and future pandemic responses need to examine unintended consequences of any enforced public health measure.

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IRAMP: Investigation of Risk Assessment and Management Processes Using Datix Report Analysis and Observation of Clinical Team Meetings

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Aims. To investigate risk assessment and management processes across a health board in the context of the implementation of a new risk screening tool and risk policy using comparison of DATIX incidents before and after implementation of the CRAFT tool.

In mental health services, risk assessment and management are key responsibilities for clinical staff. A risk management tool that is structured and evidence-based aims to assist staff in managing risks including violence, self-harm, suicide and self-neglect.

It is not clear whether risk tools have clinical utility in influencing risk-related decision making and previous reviews within the

health board indicated that risk policy was not being adhered to, prompting a review of the policy. Furthermore, policy recommends service user and carer collaboration with staff in all areas of mental health in Scotland but despite these recommendations there is little evidence to suggest they are routinely involved in risk assessment and management processes.

The present study is an opportunity to explore how teams think about and discuss risk management.

Methods. We looked at data on patient incidents that occurred over 30 months from 1/1/19 to 30/09/21. The Datix data were subdivided into five main categories: Violence & Aggression, Challenging behaviour, self-harm, absconding/missing and Suicide.

Results. Throughout the study period the category of Violence & Aggression was the most frequently reported Datix category for 28 out of 30 months, followed by Challenging Behaviour which was the second most frequent category for 22 out of 30 months and in the last year reports in this category have increased by 39.35%. The third most frequently reported category was self-harm and the fourth most reported category was Abscondment/Missing. The frequency of reports in this category increased over the study period.

The rate of suicide was consistently the lowest reported category and remained stable throughout the study period. With the exception of Violence and Aggression, all categories showed a general upwards trend in Datix report numbers.

Conclusion. We have seen an increase in significant incidents in all categories reported using the DATIX system with the exception of suicide and violence and aggression during the study period. This suggests that further work is required to ascertain the reasons for this and what impact, if any, the change in CRAFT risk assessment tool has had.

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IRAMP: Investigation of Risk Assessment and Management Processes Using Staff Focus Groups

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Aims. To investigate risk assessment and management processes across a health board in the context of the implementation of a new risk screening tool and policy through use of staff focus groups to identify how teams make decisions related to risk and gain an understanding of how the new CRAFT tool is used.

In mental health services, risk assessment and management are key responsibilities for clinical staff. A risk management tool that is structured and evidence-based aims to assist staff in managing risks including violence, self-harm, suicide and self-neglect.

It is not clear whether risk tools have clinical utility in influencing risk-related decision making and previous reviews within the health board indicated that risk policy was not being adhered to, prompting a review of the policy. Furthermore, policy recommends service user and carer collaboration with staff in all areas of mental health in Scotland but despite these recommendations there is little evidence to suggest they are routinely involved in risk assessment and management processes.

The present study is an opportunity to explore how teams think about and discuss risk management.

Methods. A qualitative analysis was carried out of data from two staff focus groups. These groups were identified by contacting interested teams by email. Groups comprised clinical staff from different disciplines within the MDT including medical and nursing staff. Staff were questioned about their understanding of risk, thoughts regarding risk assessment and their experience of being trained in and using the CRAFT tool.

Results. Themes emerging from the data indicate that staff felt the CRAFT had limited clinical utility or impact on their assessment of risk but may prove useful for communicating decisions about risk between staff and services. However, concerns were raised that the format of the tool made it difficult to complete and read, meaning that important information may not be adequately communicated. Staff reported feeling inadequately trained in the use of the CRAFT tool and felt there were inconsistencies in its use across the health board.

Conclusion. Staff focus groups have identified challenges with the completion of the current CRAFT tool and expressed a need for better training in order to improve consistency of use across the health board. An update to the tool is due to be rolled out across the board in an effort to address these issues and improve risk assessment completion on the whole.

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The Experiences of Autistic Adults Who Were Previously Identified as Having BPD/EUPD: A Phenomenological Study

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Aims. This study aims to explore the experiences of autistic adults who were previously diagnosed with Borderline Personality Disorder (BPD).

Methods. This interpretive phenomenological study aims to explore the experiences of autistic adults who were previously diagnosed with BPD. Data were collected using sixty-minute, one-to-one, virtual, semi-structured interviews. The audio-recordings of the interviews were transcribed and analysed using an interpretive phenomenological analysis.

Results. Participants had autistic features since childhood which went unnoticed. Camouflaging, gender and lack of awareness of the spectrum nature of autism had contributed to missing autism in childhood. The commonality of trauma, suicidality and self-harm, in the context of wider systemic issues, resulted in participants receiving a diagnosis of BPD. It was revealed that the diagnosis of BPD was readily given and inappropriately disclosed. This diagnosis was emotionally damaging for participants and highly stigmatising. Treatment for BPD was inadequate, ineffective, and distressing. There were several negative impacts of the BPD label, including diagnostic overshadowing. Participants felt that misdiagnosis is preventable with various measures. Autism diagnoses were difficult to obtain in adulthood, but receipt of one was beneficial for participants in various ways. However, participants felt there was a need for more autism awareness and autism-friendly services.

Conclusion. The BPD label in autistic people can be harmful to their physical, mental and social health. In contrast, an autism diagnosis in adulthood can be beneficial despite the multiple