treatment effectiveness was poor. We argue that more consideration should be given to this population, with robust guidelines introduced for the treatment of this specific 'at-risk group'.

An audit looking at the impact of poverty on referrals to child and adolescent mental health services

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Aims. Recently, there has been a greater focus on how mental health in young people (YP) can be improved. Up to 10% of YP in Scotland have a diagnosable mental health condition1 and half of all adults with mental ill-health have had symptoms from their mid-teens2. Poverty is an important factor associated with poorer mental well-being from an early age which worsens if left untreated3. The aim of this audit was to answer the question: Are more YP referred from the least deprived areas, and are they more likely to require medication intervention or high intensity (tier 4) care? The results of which could help identify possible avenues for intervention to help improve retention of those most at risk of negative outcomes.

Method. NHS Grampian CAMHS provides service to Aberdeen City, Aberdeenshire, and Moray. Pre-collected data over 15 months from these areas were analysed using the Scottish Index of Multiple Deprivation (SIMD) deciles to distinguish any differences between referrals made. In addition, this audit evaluated the data to define any trends of deprivation linking YP to medication intervention or tier 4 care.

Result. Results showed that more referrals were made for YP in low-ranking areas (3.19% of decile one compared to 1.74% of decile ten). The referrals were also more likely to be rejected based on the referral criteria, 33% in decile one versus 21% in decile ten. The increased rejection of referrals is most likely a reflection of the health inequalities faced by communities in more deprived areas. In terms of service provision, the patients from the most deprived areas are 3 times more like to require tier 4 care while the least deprived are 1.5 times more likely as compared to percentage of population. With regards to medication intervention patients from deciles one, five, six and seven have significantly higher numbers.

Conclusion. This project set out to look at the current service provided by CAMHS and found that despite best efforts deprivation has had an impact on the acceptance of referrals. Going forward this data will be shared with multiagency stakeholders to develop service provisions, in particular the issues identified with the rejection of referrals in more deprived areas. Higher level of medication use in more deprived population is not unexpected but highlights the need to share the findings with a multiagency network.

Evaluation of an attention deficit hyperactivity disorder (ADHD) assessment & treatment service

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Aims. The Central and North West London NHS Foundation Trust ADHD clinic offers diagnosis and medication stabilisation for adults with ADHD, in preparation for discharge back to GP for continued prescribing and monitoring. Referral waiting time is shortened by efficiently managing the service and soon transfer of care to GP whilst referrals have been increasingly accepted years on years. A snap shot service evaluation was made to understand characteristics of service exploring its strength and areas to improve.

Method. All 115 patients offered in March and April 2019 for an ADHD specialist assessment were sampled from the new electronic patient record SystmOne in use since 1st March 2019.

Data were collected for

Male & Female ratio
Age range distribution
Clinical Commissioning Group referral source
Clinic attendance characteristics
ADHD diagnosis, sub-types and psychiatric comorbidity
ADHD Medication prescribed
FP10 Prescription duration by prescribers

Patient data were anonymously encoded into Microsoft Excel Sheet for sorting, counting, summating and illustrating into tables and pie charts.

Result. The male & female ratio of the sample was 6:5 and nearly half were in age range 20-29 years. Majority were referred from Westminster and West London Clinical Commissioning Groups.

107 patients completed the assessment, of which 106 were diagnosed as having an adult ADHD.

22% of follow-up clinics were cancelled or not attended (DNA) by patients. The majority of the patients (62%) required 1-2 follow-ups before transfer to GP, whilst 8% did not require or want follow-ups either already being on ADHD medication, not wanting medication or having lost to reviews. Only 3% require six or more follow-ups.

Majority were reviewed after two- to five-week prescription, the peak being four-weekly.

91% of completion to GP were discharged on ADHD medication, majority being singly on Elvanse (48%) and Concerta XL (25%). Discharge without ADHD medication was due to concerns for its addiction, preference on non-medication treatment, intolerance of medication adverse effect or mental health priority treatment.

Conclusion. Collaboration with GPs for their pre-treatment physical health screening facilitated prompt prescribing initiation on assessment with most discharges taken place after 1-2 follow-ups, enabling service turn-over with short waiting time (6-9 months in 2018/2019). Service expansion for increasing referral uptake is probably feasible from this baseline by appointing additional sessional clinicians and further efficiency management on clinic scheduling & DNA with a target majority likely requiring 1-2 follow-ups with average four-weekly prescribing.

Results of a client satisfaction questionnaire in a NHS psychotherapy department

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Aims. This study aimed to assess the level of satisfaction patients feel towards their experience of attending for psychotherapy, in order to inform local management on the service being offered by the department.

Background. This survey was conducted as part of routine service provision analysis by the psychotherapy department. It aimed to assess the level of satisfaction patients feel towards their experience of attending for psychotherapy, in order to inform local management on the service being offered by the department. Ethics committee confirmed this fulfilled "Service evaluation" criterion and the project was registered with the local NHS quality improvement register.
Method. Patients who completed an episode of therapy were invited to complete a survey form. This consisted of a Client Satisfaction Questionnaire (CSQ-8) as well as four additional questions pertaining to patient satisfaction. The patient's therapist would inform administration staff of the patient's final appointment; administration staff would then issue the patient with a questionnaire which they were invited to complete and return in their own time. The questionnaires were completed anonymously and no reward was offered for completing the questionnaire. The therapies included group analysis, psychodynamic individual and Cognitive Analytic Therapy.
Result. 22 patients who had completed psychotherapy in 2018–2019 returned a completed questionnaire. The average and range responses were examined.

The average response was "4: Excellent" for the overall rating of the service received, and for 5 other questions on the CSQ-8 the average score was the highest possible. The average response was slightly lower on the question about whether the service met their needs "3: Mostly", and on the question: Has the service you received helped you to deal more effectively with your problems? (3 yes, somewhat). The additional questions highlighted how important the setting and administration role played in the experience of therapy. The questionnaire also included a free text box giving the patient the opportunity to offer any other comments. Many of these included messages of gratitude and remarks on the impact therapy has had on their general wellbeing.
Conclusion. In general it is encouraging to see that feedback provided through this survey was extremely positive. This was reflected both in the Likert scale questions and the free text box. Patients are described themselves as very satisfied with their experience within therapy and reflected a positive experience of the holding environment provided by the department as a whole.

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The role of telephone consultations in psychiatry

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Aims. Telephone consultations have been in clinical use since the early 1960s and are increasing in frequency and importance in many areas of medicine. With the advent of the COVID-19 pandemic in 2020, the use of telemedicine consultations increased dramatically alongside utilization of other digital technologies. Despite promise and potential advantages for clinicians (including remote working, improved time management and safety) there are known drawbacks to telephone consultations for psychiatrists. This includes limitations to assessments of mental state and risk, with loss of non-verbal communication often cited as a point in favour of more sophisticated technologies such as video calling. By adopting telephone consultations to a greater extent during the initial months of the COVID-19 pandemic in the Coventry Crisis Resolution and Home Treatment Team (CRHTT), we aimed to assess the patient experience in telehealth, through a patient survey.
Method. After an initial assessment or follow-up consultation with a medical practitioner from the crisis team, patients were invited to take part in a short questionnaire with a member of the administration staff. This consisted of eight questions on a Likert scale and three open questions for comments. Results were collated and analyzed via Microsoft Excel.
Result. Most patients found the telephone consultations satisfactory, with more than 90% returning positive scores in understanding, convenience and overall satisfaction. All patients felt listened to and that their confidentiality was maintained; with all but one respondent willing to engage in further consultations via the telephone. Negative scores were typically returned for practical telephonic problems including poor signal, interference and background noise. In their comments patients expressed largely positive views about their experience with their clinician; analysis revealed key insights into the patient experience, demonstrating the convenience, comfort and flexibility possible with 'telepsychiatry'.
Conclusion. Patient experience of telemedicine in a UK psychiatric crisis team is mostly positive, with clear advantages for both patients and clinicians. Our results show telephone consultations can be expanded to new patient assessments alongside follow-ups, enabling the team to reach a greater number of service users. This includes service users who are housebound due to infirmity, required to shield or have significant anxiety about the pandemic.

Profile, referral pathways and re-attendance of psychiatric patients attending the emergency department: focus on suicidality & self-harm

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Aims. The number of patients presenting to Emergency Departments (EDs) in the UK with acute psychiatric issues is a major concern. This project aimed to explore the outcome of patients assessed by Mental Health Liaison Services (MHLS) in a large district general hospital ED in the UK, with a focus on patients with self-harm or suicidality.
Method. Data were extracted from electronic patient records on 100 consecutive attendees to MHLS in July 2020. Data were collected on demographics, index of multiple deprivation (IMD) by postcode, time and reason for attendance, known ICD-10 diagnoses, self-harm history, alcohol/substance misuse at time of presentation, recent psychosocial stressors and outcome of MHLS assessment. Assessments by MHLS in the preceding 12 months and reattendance to the service within 3 months following this assessment were also recorded.
Result. The sample included 44 male and 56 female patients, with a mean age of 35.3 years. 80.0% of patients were Caucasian. 67.0% lived in areas classed within the top 30% most deprived in the country, whilst 2.0% had no fixed abode. The majority (79.0%) of patients self-presented; outside of normal working hours (70.0%). The most common reasons for attendance were thoughts/intent of self-harm/suicide (50.0%), overdose (29.0%) and self-harm by laceration (7.0%).