

**Conclusion.** The mental health charity YoungMinds carried out several surveys throughout the COVID-19 pandemic's first wave. They demonstrated a detrimental effect on young people's mental health in the UK.

YoungMinds surveys revealed that 32% and 41% of young people experienced "much worse" mental health due to COVID-19. The findings of NHS Lanarkshire were similar, with 31% of adolescents presenting to A&E as a result of COVID-19.

No adolescent included in this review had contracted COVID-19 at any point. Their mental health was therefore impacted by the indirect effects of COVID-19 rather than the direct effects of infection. For the 31% of CAMHS presentations to A&E which were due to COVID-19, most young people struggled with the lockdown/restrictions.

The number of presentations to A&E increased every month between April and August 2020 except for July. This could be due to people's initial fear of coming to hospital and catching COVID-19. However, as infection and death rates decreased towards the summer, people may have regarded hospitals as safer. The general increase in referrals every month may also be a reflection of the worsening of young people's mental health the longer the pandemic extended.

### Falling through the cracks' – the role of assertive alcohol outreach teams in treating comorbid mental health problems in people with addictions

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**Aims.** Input from Assertive Alcohol Outreach Teams (AAOTs) reduces the 'burden' on already overstretched community mental health teams (CMHTs).

AAOTs are specialist addictions services. This project focuses on an AAOT based in the London, which engages with people with severe alcohol and illicit substance misuse problems.

Previous research has shown that input from AAOTs reduces hospital admissions. This project examined the impact of AAOT input on reducing the 'burden' on CMHTs.

**Method.** The full caseload of the Southwark-based AAOT was reviewed, including mental health records, general practitioner notes, hospital notes and discharge summaries. We collected data on diagnoses and previous hospital admissions. Patients were assessed to determine whether they met criteria to be open to a CMHT (the presence of complex or serious mental health problems, in addition to addictions).

**Result.** The caseload was made up of 39 patients, 85% of patients were deemed to meet criteria for being under the care of a CMHT. Only 15% of patients are currently under the care of a CMHT. 87% of patients had at least one comorbid psychiatric diagnosis. 72% of patients had had at least one emergency department or medical hospital admission due to mental health-related problems. 39% had previous admissions to mental health wards. 21% of patients has been admitted under Section of Mental Health Act.

**Conclusion.** The majority of AAOT patients have severe mental health problems in addition to addictions. The patients are complex and often have a history of disengagement from standard mental health services. Formal diagnosis and treatment of comorbid mental health problems is challenging in the presence of protracted drug and alcohol misuse. AAOT input appears to address a serious 'gap' in supporting patients with complex

mental health needs who are often ineligible for CMHT input or disengage from CMHT support.

### Use and understanding of functional cognitive disorder terminology in United Kingdom clinical practice - a survey

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**Aims.** This study aimed to explore the terms used by old-age psychiatrists and psychologists to describe subjective and mild cognitive impairment and functional cognitive disorders (FCD) in clinical practice.

**Method.** Participants were selected from across the United Kingdom based on their clinical involvement in the assessment of cognitive complaints. 9 old-age psychiatrists and 4 psychologists were interviewed about their use of terminology in clinical practice and their awareness and understanding of FCD terminology via semi-structured interview questions and case vignettes. Interviews were conducted between December 2020 and February 2021 using online platforms Zoom and Microsoft Teams. Participants were recruited by email and Twitter. All questions were asked verbally; however, the four case vignettes were displayed via screen-share. All discussions and answers were transcribed and transcripts were coded manually using the exploratory case study methodology in order to identify themes in participants' responses.

**Result.** This study has highlighted the variable use of terms used to describe and diagnose patients presenting with symptoms of cognitive disorders. The terms 'mild cognitive impairment', 'subjective cognitive decline' and 'functional cognitive disorder' were used most commonly amongst participants, though the terms 'subjective cognitive impairment' and 'pseudodementia' were also presented. This theme of language discontinuity is underscored by participants' varying use of terminology when describing or presenting their diagnoses for the case vignettes. The data also reveals a sub-theme of variability in application of the term FCD. Whilst all participants gave similar definitions for this term, the application of FCD as a diagnosis in practice was inconsistent. Six participants described FCD as associated with or secondary to other functional or psychiatric conditions, four participants viewed FCD as an isolated diagnosis, and one participant considered FCD to be either part of another illness or a separate diagnosis. Two participants neither used nor recognised the term FCD.

**Conclusion.** It is evident that there is varied use of terms describing or diagnosing forms of cognitive symptoms. The findings of this study highlight the need for a clear, adoptable definition of FCD in practice as well as implementable management plans for FCD patients. This is critical in order to avoid misdiagnosis and mismanagement, which may have harmful effects on patients living with debilitating cognitive symptoms.

### Length of hospital stays in patients with psychosis before and after starting on lurasidone

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