

indicating potential alcohol dependency and significant complexities. Alcohol-related readmissions have decreased with an overall reduction of 16.67% post-implementation despite an increase in readmissions across all hospital presentations. Length of stay for these patients increased from 6.56 days to 7.39 days in year one but dropped to 5.93 days in year two. 37.5% of referrals to the ACT were referred to, encouraged to self-refer to or already under the care of community alcohol services and 21% of patients were offered a FibroScan appointment with the ACT.

Conclusion: Based on local estimates of a readmission costing £2000, the service has demonstrated savings of £1.14 million in year 1 and £448,000 in year 2. Length of stay data for hospital admissions increased in year 1, but we suggest that this may be a proxy for poorer quality of care prior to the ACT, resulting in higher readmission rates. Despite the team evidently operating at their ceiling of capacity with clear unmet need remaining, the evaluation shows the success of our ACT. The service has improved the care offer for patients and has contributed to the reduction of the burden of disease within the hospital, positively impacting the wider system and providing evidence for the efficacy of these services.

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Progress or Precipice? – A Service Evaluation of a Specialist Eating Disorder Unit Serving Both Adolescents and Adults

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Aims: There is good qualitative evidence in the literature of the challenges of transition from Child and Adolescent Mental Health Services (CAMHS) to Adult services at aged 18 faced by young people, their families or carers and professionals. Eating disorders typically present in adolescents and persist into early adulthood with an average age of onset at around age 18. This population is therefore often faced with the challenge of transitioning between services during periods of treatment. Some community eating disorder teams in the UK have started to move towards an all-age model, however, inpatient services do not seem to have kept pace with this change.

Methods: A literature search using PubMed was conducted to identify any publications relating to the transition between CAMHS and adult services in eating disorder treatment. An evaluation of the service at Cotswold Spa Hospital was done, and a review of admissions and discharges in the last year. The evaluation aimed to identify, understand and assess the ability to transition from CAMHS to Adult services in an eating disorder inpatient setting.

Results: Cotswold Spa Hospital is a private provider of NHS commissioned inpatient eating disorder treatment. It offers both acute inpatient and day patient eating disorder treatment to CAMHS and adult patients with the same treating team at one site. This allows the potential for young people to transition from CAMHS to Adult services whilst undergoing inpatient or day patient treatment, without the need to move setting during this most crucial part of their recovery. It is one of very few settings in the UK where this is possible at present. There are 8 CAMHS beds and 4 adult beds on

different floors of the hospital, and the day unit is in a separate building. In the last year (2024) four patients were admitted aged 17 and continued their treatment at Cotswold hospital beyond their 18th birthday. Without this service it is likely that their care would have been interrupted with an inpatient transfer.

Conclusion: Transition between CAMHS and Adult services at age 18 whilst undergoing inpatient eating disorder treatment presents numerous challenges. Service evaluation identified Cotswold Spa Hospital offers a rare approach which can avoid this disruption to recovery by continuing care in the same setting.

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Survey of Mental Health Professionals' Knowledge and Skills in Managing Substance Misuse in Patients Admitted on a Mental Health High Dependency Unit

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Aims: Dual diagnosis is very common in patients who have a psychotic disorder. This impacts symptom severity, treatment outcomes, and relapse rates. Following multiple incidents of drug misuse on a high dependency unit and inconsistent staff approach in dealing with these issues, we recognized the need to assess staff knowledge as a first step toward providing effective patient care. The aim of this survey was to assess knowledge and skills of mental health professionals to manage patients who misused substances while being admitted to a high dependency unit.

Methods: Data was collected using an online questionnaire to evaluate staff's knowledge and perception of substance-related mental health risks with occasional and regular use and their role in managing it.

Results: 23 professionals participated in this survey – psychiatric nurses, healthcare assistants, occupational therapist, and psychologists. 72% of respondents believed occasional cannabis use while 90% believed regular use could exacerbate mental illness, 100% agreed that cannabis worsened existing mental health conditions with 95% feeling the need to counsel patients against its use.

In terms of class A drugs, 95% agreed that occasional use could cause mental health problems, while 100% recognized that these substances used long term could lead to worsening of mental illness.

86% were aware of the importance of drug and alcohol history on admission with 81% believed in providing advice and guidance. 91% supported referral to COMPASS (Specialist Drug Services). 78% felt they could diagnose opiate overdose and 100% were aware of naloxone use in opiate overdose. 100% recognized the importance of urine drug screening while 76% supported searches without consent if necessary. 55% felt police should be notified, and 45% supported placing patients on a contract, where discharge is part of the contract if breached.

91% agreed that staff required specialist training. Knowledge of synthetic opioids was limited, with only 53% recognizing their impact on mental health.

32% staff believed occasional alcohol use could worsen existing psychosis, while 77% recognized risks of heavy intake. 100% agreed that alcohol exacerbates existing mental illness.

Conclusion: Mental health professionals on HDU demonstrated awareness of substance-related mental health risks, particularly related to class A drugs, chronic cannabis and alcohol misuse. However, variations in patient management approaches, and lack of knowledge about synthetic opioids indicate the need for enhanced training.

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A Service Evaluation: Survey of Staff Awareness of Physician Associate Role and Their Impact in Psychiatric Inpatient Wards in KMPT

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Aims: This project aims to assess staff awareness of the Physician Associate (PA) role and the impact of PAs on an acute male psychiatric ward and a male psychiatric intensive care unit (PICU) in Kent and Medway NHS and Social Care Partnership Trust (KMPT).

PAs are integral to supporting the effective functioning of inpatient psychiatric wards and contributing to service development. At KMPT, there are currently five PAs working across 5 inpatient wards with 880 combined admissions last year. Bed pressures have increased annually, making consistent medical support essential. PAs, due to the nature of their role, can provide continuity and act as a key point of contact for staff.

Hypothesis: We hypothesize that staff may have limited awareness of the PA role due to its recent introduction in the trust, but that PAs will have a positive impact on patient care in mental health settings.

Methods: Data was collected through a survey to assess staff understanding of the PA role and its impact on patient care, collaboration, and team dynamics. Staff across various multidisciplinary team (MDT) roles, including the medical, nursing, occupational therapy, and psychology teams in the male PICU and a male acute ward were surveyed.

Results: A total of 32 responses were received.

Staff Awareness: 81.2% reported working closely with PAs daily. While 65.6% were very familiar with the PA role, 31.2% were somewhat familiar. Notably, 17.15% mistakenly believed PAs can prescribe medication and order ionizing radiation investigations.

Impact on Patient Care: 81.25% reported PAs made a significant impact in assessing and diagnosing physical health conditions, compared with 50% for mental health conditions. 64% said PAs significantly improved patient communication and engagement with carers.

Collaboration and Team Dynamics: 65.6% found PAs to be “very effective” in collaborating with the MDT. 58.3% agreed that PAs significantly reduced workload and administrative burden, improved continuity of care, and provided a consistent point of contact for ongoing care.

Overall Impact: 71.8% of staff reported a “very positive” impact of PAs; 28.1% felt it was “positive”; and 93.7% recommended expanding the role to other mental health services.

Conclusion: This survey shows most staff have daily contact with PAs; are familiar with their role; and believe PAs have a significant

positive impact on patient care, collaboration, and continuity of care in inpatient mental health settings. However, there are knowledge gaps about specific limitations of the PA role, suggesting a need for further education to enhance staff understanding.

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Admissions to Bushey Fields Hospital, Dudley

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Aims: The on-call doctor at Bushey Fields Hospital, Dudley, has multiple responsibilities out-of-hours, including covering 5 wards (both general and older adults), clerking new admissions, attending reviews with the Psychiatric Liaison Team, receiving calls from CRHTT for medication advice, and carrying an arrest bleep for emergencies.

Resident doctors’ meetings have raised the issue of admissions frequently occurring out of hours, and that doctors are often unaware until the patient has arrived, giving less time to prepare. These lead to patients and ward staff waiting at late hours for assessment, delays in prescribing and administering medications, and increased workload for the on-call doctor.

The aims of this project were to: determine during which shifts patients are most commonly admitted; determine a timeline of when the bed is identified, when the patient arrived, and when clerking is completed; and look into how to involve doctors more in the process.

Methods: This was a retrospective audit conducted on admissions to all 5 wards at Bushey Fields Hospital from August to November 2024 (inclusive). The Trust audit department provided data, including patient demographics, admitting ward, day and time of admission, and whether this was in or out of hours. Out of hours shifts were established as any shift outside of 9 am–5 pm Monday to Friday.

Additional data was collected from notes on the Trust’s online system Rio; this included the date and time a bed was identified, when the clerking proforma was started, and what shifts these occurred on. 10 patients were selected at random from each ward, for a total sample size of 50 patients.

Results: During the time frame evaluated, there were 180 total admissions, of which 15% (27) were in hours, and 85% (153) were out of hours.

Of the 50 randomly selected patients, the bed was identified on a day shift for 50% (25), but 84% (42) were admitted out of hours. For 90% (45) of patients, the clerking process was started out of hours, and for 76% (38), the clerking document was started after the patient’s arrival.

Conclusion: As the results show admissions largely occur out of hours, we have suggested several recommendations. These include informing doctors of admissions beforehand, and for the patient’s parent team to pre-fill the clerking proforma sections about demographics, background and history to reduce the workload for the on-call doctor, as the document can be edited.

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