healthcare staff is imperative to drive improvement and increase adherence rates.

Identifying Risk Factors for Re-admission: A Service Evaluation from an Adult Inpatient Mental Health Unit

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Aims. To identify risk factors for re-admission to an acute inpatient general adult mental health ward. There is need to ensure that mental health services adapt to the increasing demand for inpatient beds **Method.** We conducted a single centre retrospective analysis of electronic records of 85 discharges from an adult mental health unit from 4th March 2019 – 5th August 2019. We collected information on demographics, admission details, substance use, forensic history, diagnosis as per the International Classification of Diseases 10th Edition (ICD-10), and discharge details and compared two cohorts; those re-admitted within three months of discharge and those who were not. Odds ratio (OR), 95% confidence intervals (CI) and p values were calculated where possible.
Result. Among seventeen service users who were re-admitted within the three month period there were nine women and eight men. There was no difference in ethnicity, employment or marital status. The mean length of admission for those readmitted was 48.2 days (range 1–140 days) and 47.1 days (range 1–350 days) for those who were not readmitted. Certain features were more prevalent among the readmitted group including forensic history (58.8% [10] vs 26.5% [18], OR 3.97, CI 1.31–11.9, p value 0.007), substance misuse history (70.6% [12] vs 55.9% [38], OR 1.89, CI 0.60–5.97, p value 0.138), previous contact with mental health services (100% [17] vs 76.5% [52]) and the rate of detention under the Mental Health Act at point of admission (76.5% [13] vs 66.2% [45], OR 1.66, CI 0.49, 5.67, p value 0.209).

Among those readmitted, a diagnosis of emotionally unstable personality disorder (17.6% [3] vs 10.3% [7], OR 1.87, CI 0.43,-8.14, p values 0.203) and substance misuse disorder (41.2 % [7] vs 17.6 % [12], OR 3.27, CI 1.04–10.31, p value 0.218) were more prevalent. They were more likely to use illicit substances whilst they were an inpatient (23.5% [4] versus 7.6% [5], OR 3.88, CI 0.92–16.43, p value 0.033) and to be involved in police incidents (35.3% [6] versus 17.6% [12], OR 2.55, CI 0.79–8.23, p value 0.059).
Conclusion. Our trends demonstrate that people with substance misuse, emotionally unstable personality disorder and forensic history are more likely to be readmitted to an adult mental health inpatient unit. They were more likely to misuse illicit substances and be involved with police during admission.

Evaluation of a novel consultant psychiatric clinic in general practices and its effects on secondary mental health contact and the general practitioners' perspectives

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Aims. To assess whether direct access to a 45 minute screen appointment in a Consultant Psychiatric clinic, based in General Practice, affects; the number of contacts patients have with secondary care pre and post being seen; whether the General Practitioner (GP) would have referred to secondary services if the clinic had not been in operation; the GPs' views on how helpful the clinic was in understanding the patients' problems and managing the problems outside of secondary care.
Background. A Consultant Psychiatrist in Leeds offered bespoke 45 minute screening appointment clinics in three sister GP practices, accepting direct referrals from GPs without requiring referrals to the local Community Mental Health Team (CMHT). This model was created to reduce the number of patients moving repeatedly between GP and secondary mental health services as this was leading to patient dissatisfaction and increased GP and CMHT workloads.
Method. We compared the number of mental health contacts (per month), for each of the 57 patients who had been referred to the clinic, in the months pre and post being seen in the clinic. We also asked the involved GPs to complete a brief survey for each patient who had been referred to determine whether, they would otherwise have been referred to the CMHT and whether the clinic has helped with their understanding and management of the patients' problems.
Result. The mean number of contacts with secondary services before being seen in clinic was 3.30 per month compared to 0.44 after being seen. The mean difference of 2.86 is statistically significant on a paired-test with a P Value of 0.0149 (95% confidence intervals of 0.58 to 5.13). We received 22 survey responses from GPs of patients referred to the clinic including for patients who did not attend. All 22 responses indicated that the patient would have been referred to the CMHT if the clinic had not been available. 95% were rated as being very helpful or moderately helpful in understanding the patient's problems. 91% were rated as very helpful or moderately helpful in managing the patients' problems outside secondary care.
Conclusion. Our evaluation has demonstrated that a model of direct access for GPs to a Consultant Psychiatric clinic can reduce referrals and patient contacts with secondary mental health services. GPs have found this model helpful in understanding patients' problems and managing the problems outside of secondary care.

A retrospective case-control service evaluation of CAARMS scores of patients with autism in York EIP, compared to age matched controls

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Aims. Studies show the prevalence of Autism Spectrum Conditions in Early Intervention in Psychosis (EIP) populations is 3.6-3.7%, compared to approximately 1-1.5% in the general population. The CAARMS (Comprehensive Assessment of At Risk Mental States) is a national tool used by EIP services as a screening tool to bring patients into services and stratify their symptoms to determine what pathway may be most appropriate (First Episode Psychosis pathway (FEP) or At Risk Mental State pathway (ARMS)). As far as we are aware the CAARMS has not been validated in an autistic population. It is our view that several of the questions in the CAARMS may be interpreted differently by people with autism, thus affecting the scores. The aim