

## Beyond School Avoidance: Recognising, Identifying, and Addressing Autistic Burnout in Children

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**Aims.** Autistic burnout, a profound psychological state characterised by increased stress, exhaustion, and a decline in functional abilities, has begun to be documented in adults but remains under-recognised in children. This abstract aims to shed light on autistic burnout in children, particularly in the context of school avoidance, and calls for a comprehensive approach to recognition, understanding, and intervention in this area.

**Methods.** A retrospective audit was conducted on the case notes of 20 children, all diagnosed with autism, who had been unable to attend school for at least three months. The audit involved compiling a checklist of symptoms commonly associated with autistic burnout. This checklist included: chronic exhaustion, loss of skills previously acquired, diminished interest in activities, heightened sensory sensitivities, social withdrawal, mood dysregulation, and physical complaints. The primary objective was to investigate the presence of symptoms typically associated with autistic burnout in these children. To achieve this, information regarding these symptoms was extracted from their case notes.

**Results.** Age: 8 to 17 years, 10 boys, 10 girls. 90% of the children had an EHCP (Education Health Care Plan). 100% of the children experienced chronic exhaustion, loss of skills & interests, increase in sensory needs, social withdrawal, mood dysregulation and physical symptoms.

**Conclusion.** The alarming trend of school refusal among autistic children is a phenomenon that merits close scrutiny, not only for its impact on the child's education but also for the broader implications including the significant burden on families. The uniformity in the reported symptoms across the group strongly indicates a shared underlying issue. In the context of autism, these symptoms align with what is known about autistic burnout. These symptoms can significantly impact the quality of life and daily functioning, including the ability to attend school. Understanding of these symptoms as part of autistic burnout could lead to better support strategies, accommodations, and potentially improved outcomes for autistic children who are refusing school. It necessitates a shift from a potentially punitive approach to one that is compassionate and accommodative, ensuring that strategies are in place to support autistic children's return to school when they are ready and able to do so. These findings highlight an urgent need for research into autistic burnout in children, recognition of this concept by health and education and a need to re-evaluate current educational practices and support systems for autistic children in school.

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.

## Improving Autism Spectrum Condition Support Within an Early Intervention Psychosis Service

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**Aims.** To improve the knowledge of the early intervention in psychosis team staff regarding support and referral options available for patients with suspected or confirmed autism spectrum conditions. We further aimed to develop additional knowledge within this team to help identify, assess and support people who may be neurodivergent with a primary focus on autism.

**Methods.** Starting in September 2022 the team completed a survey to understand baseline knowledge. Plan Do Study Act (PDSA) quality improvement cycles were then used to develop resources and disseminate knowledge within the team to help target the identified staff development areas. Following implementation the team completed a further survey to reassess the changes and ongoing areas of focus and to guide ongoing skill development.

**Results.** 3 PDSA cycles were completed with interventions including collecting data on local services to share within the team, collating these resources and sourcing training sessions. This demonstrated an improvement in many areas at the point of the second survey at which stage the team showed a better understanding of how to access autism assessments, the role of various local autism specific teams including admission avoidance urgent support processes and confidence in supporting people after diagnosis. Work continued following the second survey within the team with further training sessions and both medical and psychology colleagues upskilling to be able to complete autism assessments within our service in conjunction with the neurodevelopmental team. The early intervention team staff have been able to utilise the support of many of these services and often discuss these options now within team meetings.

**Conclusion.** Initially support and knowledge gaps were identified within our team and work was done to collect and share information about local services and processes to best allow us to support those within our psychosis service who also have an autism spectrum condition and this has been successfully implemented.

This work has grown over the past 2–3 years since the initial quality improvement work was developed and team knowledge has since continued to grow. This has included multiple team members now also being able to complete autism assessments formally in conjunction with the neurodevelopmental service with some assessments now finalised and significant ongoing work to improve experiences of those with both autism and psychosis.

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## Assessing Adherence: Audit of Glasgow Antipsychotic Side-Effect Scale Completion for Patients on Antipsychotic Depot Injections at Guildford CMHRS SABP

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**Aims.** To evaluate the current use of the GASS scale in monitoring patients on antipsychotic depot medications at Guildford CMHRS, we conducted a comprehensive assessment and compared it with trust guidelines. The guidelines recommend GASS scale completion at specific intervals: 12 weeks and 6 months post-initiation, annually thereafter, and at each dose titration.