

Knowing Where You Are Going: Co-Producing and Standardising Information About Child and Adolescent Mental Health Services Inpatient Units

Dr Josephine Holland, Dr James Roe*
and Professor Kapil Sayal

University of Nottingham, Nottingham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.424

Aims. At-distance and out-of-region admissions form a significant proportion of inpatient admissions in CAMHS. The recent national “Far Away from Home” study which investigated the impacts of these admissions for young people, parents/carers and services identified an inconsistent and/or lack of easily accessible information about inpatient units. Parents and young people reported that when there was a lack of easily accessible information about the unit they would be admitted to, this increased their distress and negative views about the admission before they had even arrived. In contrast, those who found useful and positive information felt more reassured about the admission, even if it was far away. Our aim was to create an expert-by-experience designed standardised template of the minimum information that all inpatient units would be required to make publicly available.

Methods. We carried out regular expert consultation meetings with young people and parents/carers with lived experience to co-design a standardised template of information that units would provide for young people and their families on their websites and in printed form.

Results. In early meetings the information currently presented by inpatient units was reviewed and discussed. Young people and parents/carers highlighted what they found helpful and unhelpful as well as what was missing. The young people and parents/carers discussed the layout, aesthetics, and functionality that they would like to see on unit websites. They also discussed the content which would be helpful for young people and their parents individually as well as what both groups would want to know. This included realistic and practical information about the unit itself, visiting, local amenities and available funding support.

Conclusion. In collaboration with young people and parents/carers we have created an expert-by-experience designed standardised template of information that all inpatient units will be asked to provide on their website. Better information provision prior to admission will reduce anxiety and uncertainty for young people and their families. We anticipate this project will also contribute towards improved staff/patient/carer relationships because of clearer expectations and understanding.

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.

Rapid Quality Improvement Project (RQIP): Analysis of All Referrals to the Newcastle Psychiatric Liaison Team (PLT) From the Emergency Department (ED) During April 2023

Dr Eleanor Romaine*, Dr Harriet Flude, Dr Katie Taylor,
Dr Sarah Brown and Dr Isabella Donnelly

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust,
Newcastle upon Tyne, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.425

Aims. In light of increasing referral rates, the RQIP aimed to review all referrals made to PLT by the ED during April 2023. The purpose was to identify ways to improve working practices to benefit patients, the ED team and the PLT.

Methods. All ED referrals in April 2023 were identified and the following was gathered from each record.

Patient information:

1. Record number, sex, age

Circumstances of attendance:

2. Date/time
3. Who directed patient to ED and arrival method
4. Attendance reason
5. Presence/absence of physical health condition requiring ED
6. Intoxication on arrival and if assessment required after sobriety
7. Outcome

Patient involvement with other services:

8. Number of previous PLT referrals in past 90 days
9. Currently under care of another team, if yes, were they contacted before ED attendance
10. Contact with crisis team in previous 72hours

Results. During April 2023 there were 356 referrals from ED to PLT. 284 represented single attendances and 72 represented repeat attendances by 44 patients. 34% (n = 123) self-presented to ED. Emergency services directed 21% (n = 75) to ED. 71% (n = 253) had physical health reasons to attend whilst the rest presented with mental health crisis alone (n = 103). 25% of patients attending ED and referred to PLT were intoxicated and a third of these did not require assessment following sobriety. 41% (n = 145) patients were open to another mental health team within the trust who could potentially have provided crisis input. Of all referrals 27% (n = 97) were signposted to other services, 26% (n = 93) left before they were seen. PLT referred 11% (n = 40) to crisis teams and 3% (n = 11) to Mental Health Act assessment.

Conclusion. Findings indicate that a large proportion of patients attending ED could have had their mental health needs met elsewhere in the absence of a medical reason for attending, thus potentially avoiding long waits in ED. Patients that are referred but leave before assessment, those without acute medical need to be in ED, those that do not require assessment after sobriety or those open to other planned care mental health teams may have their needs best met outside of the acute ED environment. It is hoped that community transformation work will enable community services to become more responsive to such needs.

The team propose working collaboratively with the acute trust and trialling embedding a PLT clinician in the ED triage process in order to redirect patients to the most appropriate care in a timely way.

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Striving for a Higher Completion Rate of Patient Reported Outcome Measures in Kent and Medway NHS Trust

Dr Leopold Rudolph¹* and Dr Isabel Barnett²

¹Oxleas NHS Foundation Trust, London, United Kingdom and

²Maidstone & Tunbridge Wells NHS Trust, Kent, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.426