was distributed to patients, professionals, and referrers, either using, or associated with the team.

The total number of participants recruited was n = 45. These were made up of service users (n = 17), referrers to the service (n = 10), and other professionals (n = 18).

Results. Participants felt they understood the purpose of the SCFT, placed importance on being involved in service evaluation, and were confident their responses would influence service development.

Reasons to refer to the SCFT were the perceived helpfulness of the team, supporting transitions, risk management, teamwork, therapeutic alliance, quality, and clinical knowledge.

Results favoured multi-disciplinary team agreement as being an important factor in the timing of SCFT referral. Upon admission, or granting of unescorted leave, were also cited as appropriate times to refer to the service. Clinically appropriate timing, individual needs, and service user motivation were additional indicators for SCFT referral.

Conclusion. The West Yorkshire SCFT offers previously unavailable pathways from secure services into the community. The clinical model uses a trauma-informed, formulation-driven, collaborative approach to care, treatment, and risk management, which participants found favourable. Improved community pathways and connections offer a sense of improved hope, and a feeling of being helped, which is supportive of personal recovery.

There are recommendations which suggest that a community pathway agenda, embedded into services from admission, will support clinically appropriate timing of SCFT referral, and should be a decision which is made collaboratively, with patients, carers, and the multidisciplinary services around them.

Service Evaluation of a Boxercise Programme in an Inpatient Rehabilitation Setting

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Aims. We undertook a service evaluation obtaining feedback from service users in an inpatient rehabilitation setting about a weekly Boxercise class. The aim was to assess the experiences of service users, and the role it has in their recovery.

We hypothesised that the class would be well received by service users in aspects of enjoyment, impact on biopsychosocial wellbeing and recovery based on positive comments made by service users.

There is an increasing trend to utilise physical activity as an adjunct to improve mental health within healthcare settings; to increase motivation, educate on healthier lifestyles and to enhance well-being outcomes. This Boxercise programme has been developed by the Healthy Living Advisor within the rehabilitation inpatient facility at Leeds and York Partnership Trust. The programme has run for one year, and there has been a large uptake of service users who participate in the group. The Boxercise classes aim to encourage discipline, communication, spatial awareness, and cognitive skills in a modality that is interesting to service users.

Methods. Service users who are regular participants in a Boxercise programme at an inpatient rehabilitation centre completed a questionnaire. A five-point Likert scale assessed participant views across seven domains. Participants were then asked to write three words that describe their feelings about the Boxercise programme, complete a drawing showing their thoughts after a Boxercise class and provide suggestions for improvement.

Results. Eleven participants completed the questionnaire. Average scores for the domains were as follows: enjoyability 4.45/5 (89%), physical health 4.55/5 (91%), mental health 4.27/5 (85%), recovery 4.09/5 (82%), socialising 3.91/5 (82%), safety 4.64/5 (93%), continue after discharge 3.36/5 (67%).

The 'three words' were put in a word cloud generator with highest weighted words: 'Fun', 'Good', 'Energetic', 'Confident'.

Common themes from the pictures shown were smiling faces and 'strongman' images.

Six participants gave feedback that more equipment (pads and gloves) would help to improve their experience in the classes.

Conclusion. The Boxercise programme received positive feedback from participants that aligns with the hypothesis; particularly in safety, enjoyability, benefit to physical health and benefit to mental health.

The participants had positive views on the class as an adjunct to the management of their physical and mental wellbeing. The feedback from all the participants is that they felt safe during the classes.

This service evaluation indicates that the participants value the Boxercise classes as an enjoyable activity and as an adjunct to their treatment.

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.

Mind Over Menopause: Bridging the Gap in Mental Health Care

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Aims. The effect of menopause on mental health is increasingly well recognised. Studies assessing peri- and post-menopausal women report higher incidences of depression and anxiety. Without recognition and treatment, the negative impact on mental health during menopause can lead to long-lasting effects on quality of life. NICE and the British Menopause Society (BMS) guidelines recommend cognitive behavioural therapy (CBT) and an individualised approach, for women experiencing depression and anxiety as a result of menopause. The aim of this project was to collect data relating to the provision of mental health interventions (and how they are accessed) for women seeing menopause specialists across the UK. This data can then be used to inform and promote improvements in the delivery of care for menopause mood symptoms.

Methods. An expert panel of psychiatry, gynaecology and general practice clinicians designed an online survey which considered

NICE/BMS guidance, the current evidence base and local referral/funding pathways. This was piloted on health care professionals in primary and secondary care before review by BMS Council Members. A link to the survey was distributed via email to members of the BMS on one occasion.

Results. 139 responses were received from menopause specialists across the 15 UK Deaneries. 71% worked in primary care and 29% in secondary care. 65% of clinicians offer CBT for mood symptoms but 99% reported suboptimal provision of this intervention. 43% of respondents reported over half of their patients with mood symptoms would benefit from psychological support, however 80% do not have a designated mental health wellbeing practitioner. 35% of specialists have referred complex patients to secondary mental health services. When asked what mental health resources would be most beneficial for their patients, 83% desired improved access to CBT, 65% psychological support attached to all menopause clinics, 53% guidance on managing mood symptoms in menopause and 39% an MDT clinic.

Conclusion. The data suggests that complex mood disorders are common in women presenting to menopause services and require non-hormonal interventions to support benefits seen with HRT. The results suggest poor provision of psychological interventions, particularly talking therapies, for women experiencing mood disorders as part of their menopause. Improved cross-specialty working and training, and improved access to CBT were identified as methods of addressing this. Locally, these results have formed the basis of a service funding bid for CBT and development of a pilot cross-speciality gynaecology/psychiatry MDT Hub.

Service Evaluation of Diagnostic Evolution in Psychiatric Patients at Benazir Bhutto Hospital: Comparing OPD and ER Admissions

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Aims. This project evaluated the accuracy and evolution of psychiatric diagnoses in patients admitted through the Outpatient Department (OPD) and Emergency Room (ER) at Benazir Bhutto Hospital. It aimed to understand the factors contributing to diagnostic changes, especially the impact of comorbid conditions and interdisciplinary discussions.

Methods. Over an eight-month period, this study reviewed 200 patient records from the psychiatric department. It compared initial psychiatric diagnoses from OPD and ER admissions with final diagnoses at discharge. The evaluation examined the influence of ward round discussions, serial mental state examinations, and newly identified comorbid medical conditions, such as thyroid disorders and neurological issues, on diagnostic changes.

Results. Analysis showed that 38.2% of ER admissions had a revised diagnosis by discharge, compared with 22.5% from OPD. Initial diagnoses primarily included major depressive disorder (30.1%) and bipolar disorder (27.2%). By discharge, increases were observed in personality disorders (up by 18.3%) and substance use disorders (up by 14.7%). Comorbid medical conditions were newly diagnosed in 26.8% of patients. Factors influencing diagnostic changes included ward round discussions (57.3%), serial mental state examinations (40.2%), lab findings (33.5%), and medical/interdisciplinary consultations (29.6%).

Conclusion. The service evaluation at Benazir Bhutto Hospital reveals significant diagnostic evolution in psychiatric care, more pronounced in ER admissions. The identification of additional disorders and comorbid medical conditions highlights the necessity for comprehensive, ongoing psychiatric assessment. Lab findings and interdisciplinary consultations played a crucial role in refining diagnoses, suggesting the importance of an integrated care approach. Recommendations include improving initial diagnostic processes in ER settings and strengthening interdisciplinary communication to enhance accuracy in psychiatric diagnosis and patient treatment outcomes.

Out of Hours Work: A Trainee-Led Review

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Aims. The 2016 Junior Doctor's contract offers guidance as to the rest periods needed during non-resident on-calls (NROCs). The Rotherham, Doncaster and South Humber (RDaSH) NHS Foundation Trust currently works on a NROC trainee rota. NROC work undertaken is monitored via a log form, returned by the trainee after their shift. A retrospective audit was completed with only a 28% return rate of log forms. Though anecdotal evidence suggested inadequate rest and high workloads during on-calls, due to low engagement in monitoring formal data was lacking. Therefore, a trainee-led prospective audit was designed to formally monitor on-call workload over a period of 4 weeks.

The main aim of this project was to review the average amount of hours worked during an NROC shift and compare achieved rest periods against agreed standards (derived from 2016 contract). These standards indicate that 90% of shifts should achieve 8 hours rest in 24 hours and 5 hours continuous rest between 22:00–07:00. In order to accomplish this we first aimed to increase the return of completed on-call log forms to 75%.

Methods. Work was predominantly concentrated around increasing return rate of the log forms including: running teaching sessions, regional promotion, and sending daily reminder emails to return the forms. These forms were then reviewed and analysed.

Results. Across the 4 week audit period, the return rate of log forms was 95%, compared with the previous return rate of 28%. Average hours worked across all three localities exceeded the expected hours by RDaSH. When compared with the standards outlined, 1 in 3 shifts in Rotherham, 1 in 5 in Doncaster and 1 in 4 in South Humber did not achieve contractual rest periods. Out of these, not reaching 5 hours continuous rest was the most common reason for not meeting contractual rest periods.

Conclusion. RDaSH worked collaboratively with trainees to generate a number of interventions to mitigate the breaches in rest periods including: creation of a new clinical role to filter calls, reviewing the suitability of the NROC rota and increasing pay to reflect the increased workload. There is currently work underway to redesign the rota.