

level of risk using a 'RAG' (red, green, amber) system. This allows targeted intervention and monitoring for those patients in need.

Methods. All patient-facing staff in the Wandsworth Learning Disability Service were surveyed about their confidence levels in assessing physical health risk factors independently. We then asked each member of staff to assess physical health risk and assign a RAG rating for 2 randomly selected patients using their usual methods (clinical judgement). We then assessed the same patients using the DST-PH tool. Results were then compared to determine the degree of correlation between clinicians' existing risk assessment methods and the risk ratings assigned using the DST-PH.

Results. Survey results showed that staff would welcome the introduction of a risk stratification tool. Comparison of risk assessment data showed a significant correlation between clinicians' assessment and the results from the tool.

Conclusion. Results evidenced the drive for ID clinicians to be observant of the physical health care needs of their patients. Introduction of the DST-PH may help to streamline the risk assessment process and increase confidence levels of clinicians.

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.

A Survey of Referrals to Psychiatric Intensive Care Unit (PICU): Patient Characteristics and Outcome

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Aims. The project aims to evaluate the referrals from North Kent for admission to our PICU from April to November 2021.

Hypothesis:

There are very few surveys of PICU referrals. We expect more referrals for younger men with psychotic illnesses and comorbid diagnoses; to be for aggressive behaviours; and most will be admitted to acute wards with ongoing support from the PICU liaison team.

Background. Our PICU services in the trust include one 12-bedded male PICU, 5 contracted female PICU beds and the PICU liaison service. PICU liaison team 'gatekeep' the PICU beds for patients meeting the admission criteria and supporting the other referrals' admissions to non-PICU acute beds by working closely with the staff and patients on these wards.

Methods. Data was collected for all referrals for PICU admission made to one of the three PICU Liaison practitioners in North Kent from April to November 2021, recording the demographics, clinical information and outcomes.

Results. There were 126 referrals in this time period, of which 68% were males. 38% were aged 18–30 and 25% were 31–40 years old.

43% of referrals were from inpatient acute wards, 21% from community, 21% from other settings and 7% from Places of Safety. 75% of the referrals were detained under the Mental Health Act.

The primary diagnosis was Schizophrenia in 25%, Bipolar Affective Disorder in 25%, Schizoaffective Disorder in 13%, Personality Disorders and Substance misuse related disorders were 7% each. 32% of the referrals had a comorbid diagnosis;

43% of which was substance use related, 23% had personality disorder and 34% had other conditions including neurodevelopmental disorders.

42% had previous admissions to PICU and 52% had forensic history.

Reason for referral was aggression in 76%; 10% did not have any indications for PICU and 18% was for current or recent prison stay.

30% of the referrals were admitted to PICU and 58% were either admitted to or remained on the acute wards with support from PICU Liaison Team. While 5% were diverted to the forensic pathway, 7% remained in the community.

Conclusion. In conclusion, the data shows patients referred for PICU admission were more likely to be young men with aggressive behaviour and a primary psychotic illness, using illicit substances. Most referrals came from the inpatient wards as is to be expected. They were also more likely to have previous PICU admissions and a significant forensic history.

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A Service Evaluation and Improvement Project: Reducing Delays in Transfer of Patients From Psychiatric Intensive Care Unit (PICU) to Prison After Completion of Treatment

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Aims. The project aims to reduce the delays in transferring prisoners back to prison after they have completed the treatment of their mental health disorder in our male PICU.

Hypothesis:

When prisoners are admitted to our PICU for treatment of their mental health condition, there is a delay in transfer to prison after completion of their treatment due to lack of clear protocol between the services. We expect this project to significantly reduce these delays by agreeing treatment goals and exit pathways prior to admission.

Background. Our 12 bed male PICU accepts admissions from prison for patients meeting our admission criteria. With increased number of admissions from prison since 2020, we were experiencing delays in transferring the patients back to prison after completing their hospital treatment.

Methods. Data was collected for all admissions from prison services to the male PICU ward since June 2020 to April 2023. We introduced a PICU-Prison Transfer Agreement form in October 2021 which had to be signed by the mental health team and the governor of the prison before the admission. The form asked for details of any pending court appearances, solicitors' details, release date, list of staff to be invited for CPA and agreement to accept the patient back to their prison after completion of treatment.

Results. There were 44 referrals in this time period of which 24 were admitted to PICU. Prior to introducing the PICU-Prison Transfer Agreement, there was an average of 22.5 days (range 19–30 days) delay in patients being transferred to prison after being deemed ready for transfer. After the intervention, the

delay in transfer reduced to an average of 10 days (range 5–11 days). The number of patients experiencing delay in transfer to prison of more than 2 weeks decreased from 100% to 0%.

Conclusion. In conclusion, the project shows that a simple intervention of introducing an agreement form prior to admission has reduced the delays in patients being discharged from PICU to prison. It has also improved the quality of care with additional information provided in the form. When we accepted an admission from prison outside our county, prior to admission, the out of area prison arranged for a local prison to sign the agreement to accept the patient on discharge from PICU. This has led to a closer working and effective communication between the PICU and the prison services.

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The National Centre for Gaming Disorders – the Demographic Profile and Clinical Characteristics of Individuals Accessing Our Service

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Aims. Gaming Disorder (GD) was recognised in the addiction field by the International Statistical Classification of Diseases and Related Health Problems in 2018. The National Centre for Gaming Disorders (NCGD) is the first NHS clinic to accept referrals from adults and young people who are struggling with the characteristics of GD. The NCGD opened in 2019. Since then, we have received over 1,000 referrals from either gamers, their family members, or from parents seeking support. The team is multidisciplinary and led by Addiction Psychiatrists and Consultant Psychologists.

This service evaluation aims to understand the demographics, clinical characteristics, and gaming behaviours and trends of those with a GD who are accessing our service.

Methods. The data included in this service evaluation is based on 380 gamer referrals. Data was collected through our referral form.

Results. Demographics: The average age of gamers at referral was 19 years, with 60% of gamers aged between 13–18 years old. Male gamers represented 90% of the sample, with the remaining 10% made up of gamers identifying as female (9%), trans, or other. People who identify as White (British, Irish, or Other) represent 74% of referrals. The remaining 26% are from individuals who identify as Asian or Asian British, Mixed, Black or Black British, or of other ethnicities. Individuals based in London, or the South-East of England make up 60% of referrals. Comorbidities: 1 in 10 gamers had been formally diagnosed with a neurodevelopmental disorder at the time of referral. 1 in 8 gamers had an existing mental health condition. Gaming Trends: The three most popular games played were Fortnite, Minecraft, and Call of Duty. Our sample spent on average 10 hours per day gaming. In-game purchases were present in 17% of gamers. The average in-game expenditure at the point of

referral was £4,500. In our sample, 46% were aggressive and 30% were physically violent to family members when interrupted from gaming.

Conclusion. As of date, we have had 530 gamer referrals, and we are continuing to extract relevant information on the demographics and characteristics of individuals with a GD. Our data suggests that the typical gamer accessing our service is male, young, white, and from London. The most popular game played is Fortnite. A substantial proportion of our sample are aggressive or physically violent to family members when their gaming is interrupted, whilst others are at risk of spending thousands of pounds on in-game purchases.

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West London Maternity Trauma and Loss Care Service 2022/2023 Evaluation

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Aims. The Maternity Trauma and Loss Care Service provides specialist care to women and birthing people who are affected by birth trauma, baby loss and severe fear of childbirth. The service has an integrated team of specialist midwives and psychological practitioners. This evaluation is the first, to our knowledge, to describe the challenges and successes of setting up a Maternal Mental Health Service as depicted in the NHS Long Term Plan.

Methods. The sample includes all women and birthing people who were referred to the service over the 12-month period from 1st April 2022 to 31st March 2023.

A mixed-methods design was used to explore and interpret the delivery of the service. Descriptive data was used to describe basic service information: client demographics, time from referral to assessment and numbers accessing treatment. Quantitative data from pre and post clinical measures to look at symptom change over the treatment period. Qualitative data to capture the experience of clients.

Results. The service received 254 referrals between April 2022 and March 2023. For primary referral reasons of accepted clients, 92 clients (50%) were referred due to perinatal trauma, 65 clients (35%) were referred for perinatal loss, 26 clients (14%) for Tokophobia and 2 were referred for other reasons (1%). Three quarters of referrals were accepted and 99 (53%) were pregnant at the time of referral. 53 clients (29%) were postnatal, 32 clients (17%) were post-loss and one was pre-conception.

Of the interventions offered, 49% were offered a midwifery intervention, 31% a psychology intervention and 18% were offered midwifery and psychology treatment. A small number attended groups. 36 clients referred during this 12-month period completed treatment.

PTSD Checklist for DSM-5 scores and Clinical Outcomes in Routine Evaluation scores indicate that service users experienced a reduction of symptoms between the start and end of treatment. There was an average reduction in scores on the PTSD-checklist of 17 and on the Clinical Outcomes in Routine Evaluation of 6.4. 17 clients completed the service satisfaction survey, all of which were positive about the service and its impact on wellbeing.