

progressive headache, tachycardia, and unilateral leg restlessness. The patient was hesitant to commence lisdexamfetamine, a second line stimulant medication, due to the possibility of similar adverse side effects.

Atomoxetine (20mg/day) was commenced for a month then increased to 30mg/day. After five months, it was discontinued. The patient reported no significant improvements to attention or concentration, but reported a later onset of escalating anxiety prior to discontinuation. Consultation revealed that the patient's anxiety may be attributed to biopsychosocial factors unrelated to pharmacotherapy, but could not discount the possibility that this was a side effect of atomoxetine. Following the discontinuation of atomoxetine, the patient and her carer were amenable to trialling lisdexamfetamine.

**Results.** Previous data have demonstrated that patients with CP have lower tolerance to particular pharmacological agents, therefore atomoxetine was started at a low dose (20mg/day) to permit a gradual titration up to the recommended therapeutic dose. Worsening anxiety whilst on atomoxetine (30mg/day) may be a result of one or a combination of the following: (1) long-term side effect, (2) subtherapeutic dose response, (3) identified precipitating and perpetuating psychosocial factors, particularly in the school setting.

**Conclusion.** The case report demonstrated an acceptable safety profile for the use of atomoxetine in a young person with ADHD and comorbid CP. The expected therapeutic benefits of atomoxetine for ADHD may have been offset by extenuating biopsychosocial factors. Further research is needed to determine whether there exists a causal relationship between atomoxetine therapy and worsened anxiety within this patient group. Furthermore, this case highlights the importance of understanding the complexities of ADHD treatment in patients with confounding environmental factors and comorbid neurological disorders.

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## Service Evaluation

### Improving the Admission Process to Inpatient Wards for Gender Diverse Service Users at Oxleas NHS Foundation Trust: Service Evaluation

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doi: 10.1192/bjo.2023.362

#### Aims.

1. To evaluate the knowledge and experience of staff members working in inpatient units at Oxleas NHS trust on the topic of healthcare of gender diverse service users.
2. To improve the admission process for gender diverse service users by creating an admission checklist, increase awareness and provide training when possible.

**Methods.** A questionnaire with 11 questions was sent to different staff member groups. The questions assessed their knowledge of the policies for gender diverse service users and their clinical experience in dealing with this group of service users when being admitted to inpatient wards.

**Results.** 25 members of staff completed the questionnaire. Of those, 52% were not aware of the existence of a specific policy for admitting and treating gender diverse service users at Oxleas. From the respondents who knew about the policy, 60% did not know where to find it. 44% of all respondents do not ask service users for their preferred name, gender and pronouns when they are admitted to an inpatient ward. From those who ask service users, 45% do not document service users' chosen name, pronouns and gender identity on RiO (the digital record system used at Oxleas). 68% of participants do not know how to change the demographics information on RiO for service users. When asked about the allocation criteria for inpatient beds, 24% replied that it should be done according to the service user's assigned gender at birth, while 8% responded that they should be allocated to any available bed. 40% of staff members reported that trans service users can not easily access daily personal products on the ward that are related to their trans-specific health needs. 72% of those who responded do not know what specific services or organisations to direct this group of service users to in case they need any further support. 56% of staff do not feel confident in dealing with trans specific needs and 88% have not received any training on the area from the Trust.

**Conclusion.** Although the Trust has created a specific policy for gender diverse service users, staff members' knowledge of such policy is sub-optimal. Moreover, there is a lack of training available to staff on inpatient wards, which is reflected in their lack of confidence in working with this group and the lack of knowledge around external services to refer these service users to. In response to this, we have implemented some changes. Pronoun preference has been added to RiO and we have encouraged staff members to use it when completing demographics. An admission checklist specific to gender diverse service users was created and shared within the organisation. We scheduled teaching sessions on this topic, however, these did not go forward due to lack of attendance.

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### Outcome Measures at Discharge From a Local Early Intervention in Psychosis Team

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doi: 10.1192/bjo.2023.363

**Aims.** Review of the outcomes from a local EIP service, in terms of symptom control employment status at referral and discharge, admissions whilst under the care of the service physical health status at discharge, discharge was back to primary care or secondary care

**Methods.** Sample of service users discharged from EIP services over the past 2 years between March 2020 and March 2022 was collated

#### Results.

##### Recovery

Good proportion -84% had good symptomatic recovery at time of discharge based on discharge letter

Discharge to primary care

Low proportion -Only 26% were discharged onwards to secondary mental health services such as recovery teams or community mental health teams and rehabilitation services.

74% discharged to primary care

Review of notes indicate that patient is still within primary care 6-12 months post discharge

#### Employment

A jump of 16% in employment. At start of EIT input only 40% had employment and at point of discharge 56% of sample had employment

#### Inpatient admission

Admissions whilst under the service were seen in 54% patients in total; out of this number just over half (55%) were admitted to inpatient unit only once

#### Smoking and Substance misuse

Only 24% were known smokers at discharge; 6% were misusing multiple substances including smoking, alcohol, cannabis and cocaine at the time of discharge

#### Physical health and metabolic syndrome

Only 2% had diagnosed hyperlipidaemia at discharge

**Conclusion.** Early Intervention in Psychosis input lead to good symptom control and resolution of psychosis leading to higher rates of discharge to primary care alongside improved physical health substance misuse employment outcomes.

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## Awareness of Fitness to Drive Guidance Amongst Doctors in Black Country Healthcare NHS Foundation Trust : A Survey

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doi: 10.1192/bjo.2023.364

**Aims.** Psychiatric patients have a higher risk of road traffic accidents than others. The Driver and Vehicle Licensing Agency (DVLA) has provided guidance on different psychiatric conditions and medication that would impact driving. The General Medical Council and Royal College of Psychiatrists advice doctors to notify the DVLA when patients unfit to drive fail to inform the DVLA themselves. In this context, it was aimed to study the awareness of doctors regarding DVLA guidance and its use in their clinical practice.

**Methods.** We conducted a survey about doctors' awareness of guidance on Fitness to Drive via an online questionnaire. Likert type scoring ranging from strongly agree to strongly disagree was used to assess the (i) awareness of DVLA guidance for psychiatric patients, (ii) confidence in advising patients, (iii) feeling it is a job requirement to advise patients on driving; and (iv) checking the driving status and if patients have informed DVLA where necessary. This included questions on years of experience in medicine, current grade and subspecialty of Psychiatry.

**Results.** The sample consisted of 78 doctors, from various grades from Foundation Year 1 trainees to Consultants; working in different Subspecialties in Psychiatry. There were 36 trainees, 12 middle grades, 28 consultants and 2 'other' doctors. The average year of experience of the responding doctors was 14.2±11.0 years with a range of 1-38 years.

Majority (62.8%) of doctors responded that they are aware of the DVLA guidance for psychiatric patients; however 47.5%

reported having confidence to advise patients on DVLA guidelines. Considerable proportions (79.5%) of doctors felt that as psychiatrists, it was their job to give advice on driving; but only 50% said they check the driving status and whether patients have informed the DVLA when necessary as part of routine practice.

When using the Likert scale, comparing to other subspecialties, General Adult Psychiatrists responded that they check driving status less routinely ( $p<0.05$ ), however there was no difference in other areas evaluated. Trainees' responses indicated less awareness ( $p<0.001$ ), confidence ( $p<0.001$ ), and checking of driving related issues routinely in clinical practice ( $p<0.005$ ).

**Conclusion.** The survey results suggest variation in awareness of Fitness to drive guidance for psychiatric patients and their use in routine clinical practice amongst doctors. While trainees would need more information and training to increase their confidence, there is a need for all psychiatrists to use the guidelines in regular clinical practice.

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## A Service Evaluation of Referrals to Sheffield Community Child and Adolescent Mental Health Services (CAMHS) by Ethnicity and Areas of Deprivation

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doi: 10.1192/bjo.2023.365

**Aims.** To investigate disparities in the number and outcome of referrals to Sheffield Community Child and Adolescent Mental Health Services from different ethnic groups and areas of deprivation

**Methods.** The authors reviewed the the 2021 census data for Sheffield and grouped Sheffield into 3 areas of deprivation (low, medium, and high) based on Index of Multiple Deprivation (IMD 2019 Rank).

Reasons and outcome of referrals to Sheffield Community CAMHS for the months of March and April 2022 were analysed by ethnicity and deprivation,

**Results.** Our study shows that, compared to their white counterpart, Black and Asian children and young people (CYP) were markedly under-represented in CAMHS referrals, whilst CYP of mixed ethnicities were over-represented. Of this group, Asian and mixed ethnicity CYP were less likely to have referrals accepted. Similarly, CYP from areas of high deprivation were also less likely to be accepted into the community CAMHS service. While anxiety was the most common reason for referral, CYP from areas of high deprivation were 3 times more likely to be referred for behavioural difficulties than CYP from areas of low deprivation.

**Conclusion.** Our study highlighted that black ethnicities are disproportionately underrepresented in CAMHS referrals. Furthermore, children and young people from an Asian background are not only underrepresented in the number of referrals but also in the proportion of referrals accepted. Similarly, it is reported that CYP from deprived backgrounds are more likely