

functional status, and incidents were obtained retrospectively from the trust's online records.

Results. The unit received more female admissions prior to lockdown (60.4% Vs 47.8%). Approximately 30% of adolescents in the pre-COVID-19 group were not in education whereas those admitted during COVID-19 were all receiving education. More of the pre-COVID-19 group attended school than college and more of the COVID-19 group were employed, consistent with a lower mean age of admission in the former group. Most of the COVID-19 admissions were local and none were out of area. Young people were also more likely to be looked after by their parents during COVID-19 (82.6%) and none were taken care of by their relatives.

Pre-COVID-19 admissions were discharged sooner than their counterparts, which had 13% of admissions between 6–9 months. Both cohorts had mainly informal admissions due to risk to self. Most of the COVID-19 admissions were due to anxiety, followed by self-harm while the majority of pre-COVID-19 admissions were due to depression and PTSD. 43% of the COVID-19 admissions had at least one comorbid diagnosis, notably depression. More adolescents in the COVID-19 cohort were not started on any psychiatric medication during and after admission.

The mean number of incidents were two times higher in the COVID-19 group; self-harm was the most common reason. There was more violence towards staff during lockdown. However, absconson, possession of contraband items, and staff error were higher in the pre-COVID-19 group.

Conclusion. The introduction of COVID-19 restrictions was associated with a change in both the frequency and nature of inpatient admissions to this ward. Less young people were admitted during COVID-19, more frequently with anxiety as the primary reason and stayed for longer. Although the pre-COVID-19 group received more psychiatric medication, it is unclear if this contributed to a better functional status overall. This service evaluation also demonstrated the impact of COVID-19 on young people's mental health and life circumstances. An exploration of these trends in other units across the country would increase the generalisability of results.

Service Evaluation: Patient Engagement With Online Group Psychotherapy During the COVID-19 Pandemic in West of Scotland

Dr Christos Vatalis*, Mrs Lorraine McGuinness and Dr Elizabeth Ogston

North Lanarkshire Psychotherapy Service, Coatbridge, United Kingdom

*Presenting author.

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Aims. Online group therapy has gained popularity during the COVID-19 pandemic as an alternative to face-to-face group therapy. This service evaluation is aimed at assessing how this paradigm shift is received by the patients and how the quality of the provided services is assured and potentially improved.

Methods. 1. We have retrospectively compared the attendance records from all psychotherapy groups in North Lanarkshire psychotherapy department between two distinct time periods: from November 2018 to January 2019 when only face-to-face groups were available (5 groups, 29 patients) and from November 2021 to January 2022 when only online groups were available (4 groups, 21 patients).

2. In order to prospectively assess patient's views regarding online group therapy, Client Satisfaction Questionnaires

(CSQ-4, quantitative and qualitative) were distributed to January 2022 groups only.

Results. 1. The attendance rate was 5% lower in the face-to-face groups (76% vs 81%) while the non-attendance rate was lower by 1% in the online groups (9% vs 8%). The cancellation rate was also smaller by 5% in the online groups (14% to 9%).

2. In regard to the service satisfaction rates in the online groups, 57% of patients who responded, answered that "most of their needs have been met by the online services", 71% answered "services helped with their problems somewhat", 71% answered "they think they would come back to the program again and 66% answered" they are mostly satisfied with the services received. "The predominant positive aspects of the services according to free text comments were" "communication, understanding, sense of community" and the negative aspects that need improvement: "return to face-to-face (71% of answers), need personal interaction".*

* We have extended the deadline for the acceptance of the responses to 20th of February 2022 due to mailing systems being slowed down by the pandemic. (7 out of 21 questionnaires have been returned)

Conclusion. Overall the attendance rates between the online and face-to-face group therapy exhibit minor differences. Concerning the patient satisfaction rates they reveal that the majority of patients who receive group therapy online are above-average satisfied with the services, feel that the online therapy provides a sense of community but would prefer to return to face-to-face therapy.

Further data and studies will be needed to reach more robust conclusions.

Identifying Gaps for Service Provision in Children and Young People With Learning Disability and Challenging Behaviours And/or Mental Health Needs

Dr Nu Nu Yi, Ms Joanne Watkins, Dr Colin Welch*, Dr Zak Chowdhury and Mr Sam Illaie

North East London NHS Foundation Trust, London, United Kingdom

*Presenting author.

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Aims. Children and adolescents with learning disability need multi-disciplinary input when they present with challenging behaviours or mental health disorders. This patient group needs specialist skills from the clinicians and professionals to support and meet their needs. There is no commissioned Child and Adolescent Learning Disability Mental Health Service (CAMHS) in Waltham Forest and support comes from Specialist Tier 3 generic CAMHS which comprises of Emotional Difficulties Pathway, Neurodevelopmental Disorders Pathway and recently developed Behaviour Pathway which mostly comprises of specialist parenting training/interventions. To identify gaps in service provision for children and young people with learning disability presenting with challenging behaviours and/or mental health needs in Waltham Forest as there is no formally funded CAMHS learning disability service in the locality.

Methods. All children and young people under 18 with learning disability under Waltham Forest CAMHS with ASD/ADHD and other neurodevelopmental disorders who meet the project criteria are included. Project criteria include 1) Main diagnosis of Learning Disability (Including clients with Learning difficulty (global), likely to have low IQ with cognitive impairment.), with or without associated other Neurodevelopmental disorders (e.g., ASD, ADHD or tics) or other mental health disorders and 2)