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 pint 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.

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

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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.

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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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

to experience barriers to accessibility to mental health services, and this was also evident from our evaluation.

Black and Asian CYP continue to be under-represented in CAMHS services as are CYP from deprived communities. However, these ethnic groups present the highest reported mental health difficulties at adulthood. More research is therefore needed in this area, to identify the specific barriers to accessing mental health care in Sheffield Community CAMHS, so as to allow the provision of culturally appropriate mental health services for the ethnic and high derivation groups.

Service Evaluation of Treatment Response in Adult ADHD Patients With Psychiatric Comorbidities

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Aims. To assess whether psychiatric comorbidities affect response to medications in adulthood ADHD.

Methods. This study included 236 subjects diagnosed with ADHD in adulthood between the ages of 18 and 65 years and receiving pharmacological treatment for the same across community treatment teams in Durham and Darlington.

Patients were identified by going through electronic case notes.

Review of SWMWEBS scores and clinic letters were carried out both prior to and following commencing medication for ADHD to assess response to treatment.

Comorbidities were recorded by reviewing clinic letters.

Results. 56% of the study subjects had no psychiatric comorbidity while 44% had at least one comorbid psychiatric diagnosis.

Both groups had a higher prevalence of males in the ratio of 1.9:1(with comorbidities) and 3:1 (without comorbidities).

Depression(56%) was noted to be the most common comorbidity followed by Autism(22%), Emotionally Unstable Personality Disorder(11%) and Bipolar Affective Disorder (10%).

94% patients without comorbidities responded favourably to treatment whereas only 56% of patients with comorbidities improved with treatment.

Conclusion. Having a comorbid psychiatric illness is likely to negatively impact both treatment response and recovery in adults with ADHD.

Both groups(with and without comorbidities) had a male predominance (2.5:1).

Higher number of patients amongst the nil comorbidities group responded favourably to treatment.

Most common psychiatric comorbidity was Depression.

Least favourable response to treatment was found among the groups of Emotionally Unstable Personality Disorder and Bipolar Affective Disorder.

No gender bias in response to treatment across both the groups.

A Descriptive Analysis of the Clinical and Demographic Features of High Intensity Users of Charing Cross Hospital Emergency Department; Utilisation of These Data to Develop Local Services

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Aims. Over recent years, there has been increasing national focus on High Intensity Users (HIU's) of Emergency Department's (ED's) and services designed to case manage and address the unmet needs of these individuals. The descriptive research literature focuses on measurable, demographic identifiers of this group, attendance trends and the presenting complaints driving attendance. There is more variable literature on the clinical profiles of these individuals, with findings describing a highly heterogeneous group. Our inner city service is well-established and staffed by a multidisciplinary team. We provide assessments and interventions to meet the needs of HIU's identified through a referral system which includes electronic flagging of cases. We aim to describe in detail the clinical and demographic features of a cohort of HIU's attending our department and demonstrate the utility of these data.

Methods. All individuals managed by the HIU service in 2022 were identified from our referral database. No individual was excluded. We undertook systematic notes reviews on each case, using medical, psychiatric and primary care records as well as interventional care plans produced by the service. Data were recorded against set domains covering socio-economic factors, demographics and clinical coding.

Results. The analysis included 98 individuals. The majority were male (59%) with 85% in receipt of government benefits and 16% of no fixed abode. A variety of psychiatric diagnoses were present with 12% diagnosed with a psychotic illness, 40% with a mood disorder, 7% with a somatoform condition and 19% with a personality disorder. 83% were diagnosed with a medical long term condition (LTC), with 32% of these being diagnosed with >3 LTC's. 81% suffered from at least 1 LTC and 1 mental disorder in combination. 40% harmfully used or were dependent on alcohol and 21% misused recreational drugs. Known or likely cognitive impairment was seen in 28% of the group and 13% were diagnosed with learning disability.

Conclusion. Our findings demonstrate the complexity of the clinical profiles of HIU's of the ED and supports service models centred on individual case management. There is a high degree of mental and physical morbidity in this group, indicating that specialist assessment and management is required. The range of unmet need covers a breadth of health and social care requiring a multi-disciplinary approach. Homelessness, cognitive impairment and learning disability are particular areas which may benefit from expertise. Our project is limited to one localised system however we recommend ED's undertake similar analyses to better design HIU services.