

observations required to accurately calculate a NEWS improved from 51.6% (16/31) pre-intervention to 95.2% (119/125) post-intervention and NEWS being calculated correctly increased from 80.6% (25/31) to 96% (120/125). Documentation of a reason why physical observations were not taken increased from 2.5% (2/77) to 62% (31/50) pre- and post- intervention respectively.

Conclusion. This quality improvement project highlighted that recording of physical observations and use of NEWS was inadequate in this setting, increasing the risk of a delay in identification of acute physical deterioration and thus increase morbidity and mortality. Introducing simple measures and standardising the NEWS assessment process, along with senior nursing and medical oversight, greatly enhanced acquiring and recording of physical observations and NEWS scores. This quality improvement project has shown that practical solutions and staff education can increase efficacy and are hoping further input can consolidate the gains achieved and lead to continued improvements.

Transition from child and adolescent MHS to adult MHS: what happens to young people with personality disorder?

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Aims. *Hypothesis:* Personality Disorder (PD) adolescents, compared to non-PD case, have a worse experience at transition.

Aims: To describe the outcomes of referrals of adolescents for transition to adult services and compare PD and non-PD populations to identify potential improvements to allow for better transition experience of the PD patients.

Background. Borderline PD is prevalent in adolescents - although there is a reluctance to make the diagnosis. When patients reach graduation from CAMHS, many fall through the 'gap' in services during the transition. Consequently, adding the paucity in research about the transition experience of PD patients, it is important to evaluate what happens to these patients during the transition process to help better understand their experience, and how it can be improved.

Method. Patient's clinical records from Tower Hamlet CAMHS, East London NHS Foundation Trust, were reviewed retrospectively from July 2018 to November 2019, assessing whether optimal transition standards were met. A total of 41 cases that transitioned from CAMHS to AMHS were identified. Transition standards compared were: information sharing – case and risk, parallel care, transition planning and continuity. PD diagnosis was identified based on the recording of this diagnosis or meeting DSM5 criteria from the notes. PD and non-PD transition experience was compared.

Result. 36 were given a diagnosis by the CAMHS clinician at transition and 5 had no diagnosis assigned. No cases had a PD diagnosis made by the CAMHS clinician, however 1 case mentioned 'PD traits', 1 mentioned 'EUPD' as a possible differential and 2 cases were labelled as 'emotional dysregulation'. The

research team found 17 cases that met DSM5 criteria for PD diagnosis.

Comparing transition experience of PD vs non-PD patients, the PD patients had a less optimal transition process. Statistical analysis using Chi Square Tests, showed significantly less optimal transition planning ($X^2 = 5.103$, $p < 0.05$) and continuity (Fisher's exact test $p = 0.049$). Cohens W indicated a medium effect for transition planning and continuity.

Conclusion. Adolescents with a diagnosis of PD transition less well to Adult MHS than those without the PD diagnosis. Implications of our findings point to 1) the importance of considering a diagnosis of PD 2) if the diagnosis of PD is made, to anticipate greater difficulties in transition 3) the need to identify specific reasons for transition difficulties related to patient, clinician and system factors and their interrelation.

Can parent-infant observation predict later childhood psychopathology: a systematic review

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Aims. Difficulties in parent-child interaction are easily observed and are a potential target for early intervention. This study aimed to assess the utility of observation of parent-child interaction in the first year of life in identifying children at risk of developing later psychopathology, using a rigorous systematic review method.

Method. EMBASE, CINAHL, PsycINFO, MIDIRS, MEDLINE and Cochrane Library databases were searched using MeSH terms and keywords, and reference lists screened. Two authors independently reviewed papers for inclusion and completed data extraction. All peer reviewed papers studying the association between an independent observation of parent-child interaction and later childhood psychopathology in community-based samples were included. Studies based on 'high risk' samples (studies exclusively examining cohorts with a sibling or parent with a mental illness or studies of low birth weight or premature infants and those with other physical comorbidities) were excluded. Results were synthesised qualitatively due to high heterogeneity.

Result. 18,226 papers were identified, nine were included in this study. Childhood psychopathology was associated with fewer positive parent-infant interactions, lower parent vocalisation frequency and lower levels of adult speech and activity. Maternal sensitivity was inversely related to separation anxiety and oppositional defiant/conduct disorders were associated with lower shared look rates. Disruptive behaviour disorders were associated with higher frequency of child vocalisation. Pervasive developmental disorders were associated with 'abnormal' maternal infant interactions, as assessed by community health nurses using a standardised measure.

Conclusion. Included studies reported small samples, and several of these samples overlapped. Some studies were of poor quality, but were included due to a paucity of available data. The findings may therefore have limited generalisability. Difficulties in parent-child interaction are easily observed and assessments could be made by non-specialists such as health visitors or general practitioners. Such difficulties may be an early indicator of later childhood psychopathology. Childhood psychiatric diagnoses (with the exception of Autistic Spectrum Disorders) appear associated with level of maternal activity (vocalisation, physical activity, positive

parenting and shared attention). Assessments may identify at-risk families for early intervention, but further work is required to develop and validate reliable methods for risk stratification in community-based practice.

Factors in psychiatric admissions: before and during the COVID-19 pandemic

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Aims. The COVID-19 pandemic has impacted community mental health, but the effect on psychiatric admissions is unknown. We investigated factors contributing to acute psychiatric admissions, and whether this changed during the first UK lockdown.

Method. A retrospective case-note review study with an exploratory mixed-methods design was used to examine factors in psychiatric admissions following the first UK 2020 lockdown compared to the same time periods in 2019 and 2018.

Result. Themes of psychopathology, risk, social stressors, community treatment issues, and physical health concerns were generated. The mean number of codes per case was 6.19 (s.d. = 2.43), with a mean number of categories per case of 3.73, (s.d. = 0.98). Changes in routines and isolation were common factors in the study year; accommodation and substance abuse were more prominent in the control year. Relationship stressors featured strongly in both groups. There were significantly more women ($\chi^2(1, N = 98) = 20.80, p < 0.00001$) and older adults ($\chi^2(1, N = 98) = 8.61, p = 0.0033$) in the study group than the control. Single people, compared to those in a relationship ($\chi^2(1, N = 45) = 4.46, p = 0.035$), and people with affective disorders compared to psychotic disorders ($\chi^2(1, N = 28) = 5.19, p = 0.023$), were more likely to have a COVID-19 related admission factor.

Conclusion. The COVID-19 pandemic amplified pre-existing psychosocial vulnerabilities with a disproportionate psychiatric admissions impact on the mental health of women, the elderly and those with affective disorders.

Vive la difference! Celebrating and supporting autistic psychiatrists with autistic doctors international

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Aims. We aim to raise awareness of the existence and value of autistic doctors in psychiatry and to also signpost psychiatrists

who are or suspect they might be autistic towards peer support.

Method. Autism refers to a lifelong difference in how people communicate and interact with the world. These differences lead to strengths and challenges with individual profiles which include special interests, hyper-focus, and often sensory differences and anxiety. Autism has an estimated prevalence of 1-2%, which is likely an underestimate. It was noted that there was little in the way of advocacy for autistic doctors around the world. Anecdotal evidence also suggested possible issues of misunderstanding and stigmatisation of autistic doctors. As such, there was a need to tackle this to promote positive change. MD founded the group Autistic Doctors International (ADI) in 2019 to foster camaraderie, advocacy and support. ADI has flourished with 250+ members currently. In a recent member poll, 24 of 180 respondents identified themselves as psychiatrists – second only to general practice (n = 54). Several other consultant psychiatrists are known to self-identify as autistic but have not formally joined due to the fear of disclosure. The group has additionally supported multiple doctors to tackle prejudice and discrimination in the workplace / training environment. It has also brought together autistic doctors with academic interests and has generated multiple academic outputs in the form of publications, research grants and conference posters/papers regarding autism.

Result. Psychiatrists, and doctors in general, are a self-selecting group for many autistic strengths such as hyper-focus, curiosity, self-motivation, a desire to study social communication, attention to detail, pattern recognition, problem solving and empathy, which, contrary to prevailing stereotypes, can be marked in autism. The increasing numbers of doctors joining ADI supports the assumption that autistic individuals are safe and effective clinicians. It is worth noting that many members are not 'doctors in difficulty'. Those who have been able to achieve suitable accommodations, often without realising why they were needed, have flourished. Such accommodations and outcomes are in line with the neurodiversity movement, which promotes a view of autism as difference, rather than pure disability or disorder. This aims to challenge stereotypes and the tragedy narrative surrounding autism.

Conclusion. Autism awareness is increasing amongst doctors but more open discussion is still needed in order to facilitate appropriate peer and workplace support. This is likely to improve mental wellbeing and resilience for autistic psychiatrists.

Physical morbidity and mortality in male adolescent anorexia: a scoping review

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Aims. Anorexia Nervosa (AN) mimics a state of starvation as a result of extreme calorific restriction, often with associated extreme exercise or purging behaviours. The physiological demands are known to lead to a number of health complications and contribute to a significantly increased mortality compared to the general population. Although males account for 10% of the AN population, they are often underrepresented in research. There is a particular gap in evidence for males under 18 despite the unique physiological requirements of adolescence including growth, puberty and achieving peak bone mass.

This review aims to bring together current research on physical health complications in male adolescent anorexia and help understand the knowledge gaps which exist.