question is a very easy and reproducible change to implement and RBD should be screened for in all memory patients.

Improving the Appropriateness of Referrals From Primary to Secondary Care Confounded by the COVID Era: Student Status and Quality of Referral Evaluation in Oxford City Team (SQUARE-OCT)

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Aims. The Oxford City and NE Oxon Adult Mental Health Team (AMHT) is an adult mental health team receiving referrals from GPs for most cases suspected to have a mental health illness requiring secondary mental health services' input in Oxford city. In January 2020, the team was remodelled with care coordinators working in separate functions based on the duration AMHT support was required for, i.e. an assessment team and a treatment team, but with medics covering both functions of the team. This quality improvement project examines AMHT referrals over 2020/21, hypothesising a reduction in the proportion of inappropriate referrals following the remodelling compared to a 2018/19 pre-remodelling audit.
Methods. The project covers a total of 2803 referrals the team has received from 13/01/2020 to 12/01/2021. The outcomes measured included the number of inappropriate referrals returned to the GP, referrals only requiring a single assessment, the proportion of these referrals as university students in Oxford, and the diagnostic groupings of the referrals in students vs non-students. These outcomes were measured pre- and during the COVID-19 pandemic over 2020/21.
Results. A reduction in the total number of referrals to the team was noted over 2020/21 but this was compared to an 11 month audit in 2018/2019. During the study period, 19.5% (546/2803) of referrals were deemed inappropriate compared to 21% of referrals received in 2018/2019. Of 2803 referrals, 14.7% (97/658) were inappropriate pre-COVID-19 vs 20.9% (449/2145) during the pandemic. Of the total number of referrals, 32.9% were returned to the GP following a single assessment.

The top 3 diagnostic categories in 'non-students' were mood/affective disorders (33.7%), anxiety/stress related disorders (17.2%), and neurodevelopmental disorders (7.8% total - ADHD was 3%). A significant increase in ADHD referrals and mood disorders amongst students compared to non-students is notable with the top 3 diagnostic categories for students being mood/affective (24.7%), neurodevelopmental disorders (19.5% - ADHD 17.7%), and anxiety/stress related disorders (13.4%). Students constituted 26% of the total number of referrals.

It was notable that during the pandemic there was a higher proportion of inappropriate referrals.
Conclusion. Our project demonstrates a reduction in the proportion of inappropriate referrals sent to the AMHT following remodelling as compared to 2018/19. Further work is necessary to elucidate the contributing factors and reduce inappropriate referrals even further. An innovation is planned to automate the logging of referral outcomes to expedite a re-audit.

A Qualitative Study Exploring the Experiences of Service Users With Complex Mental Health Needs

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Aims. Little is known about the experiences of individuals presenting with complex mental health needs and the provision of care they receive for suicide and self-harm behaviours. There are limited data describing the support individuals receive from services and, where they do, how this support is provided. Research suggests that those presenting with a more complex clinical presentation may have a history of both suicide attempts and self-harm. The aim of the study is to explore the experiences of individuals with complex mental health needs in respect of their self-harm and suicidal behaviours, and experiences of support received from mental health care services.
Methods. A semi-structured interview methodology was used to generate qualitative data. Representative participants with complex mental health needs were recruited from across Cheshire and Wirral Partnership NHS Foundation Trust, UK. Ten participants were interviewed for the study. Interviews were audio-recorded and transcribed verbatim. A transcript-based conceptual analysis was conducted to identify and explore emerging themes.
Results. The following three themes emerged from the service user interviews: (i) Service users discussed suicide attempts following inappropriate discharge; Service users spoke about feeling unsupported and not listened to by care staff, particularly as inpatients; and (ii) Service users expressed a necessity for staff training to improve understanding of self-harm and suicide attempts, having experienced negative consequences of staff handling when they may have self-harmed.
Conclusion. This study highlighted the following recommendations for future suicide prevention for mental health services treating service users with complex mental health needs: increasing staff awareness of suicide or self-harm related issues; improving training and risk assessment skills; providing appropriate support for service users following discharge from inpatient settings; improving liaison and collaboration between services to provide better service user outcomes; and increasing awareness in listening to service users' distress about suicidal or self-harm thoughts for each individual's situational context.

Yorkshire and Humber Less Than Full Time Trainees: What Do They Need?

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Aims. Due to the demand for increased flexibility of working there is an ever-increasing number of trainees working Less Than Full Time (LTFT). The Royal College of Psychiatrists supports LTFT training and careers within the specialty. However,

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applying for and working LTFT can be a challenging and at times overwhelming process to navigate. This project's aims are to improve written information provided to trainees when commencing LTFT training. To assess interest for a LTFT training educational event and to plan this event based on trainees preferences for content and timing.

Methods. Questionnaires via SurveyMonkey were sent to higher trainees in all regions of the Yorkshire and Humber Deanery in October 2021 by the Medical Education Departments. A covering email invited those working or interested in LTFT to complete the questionnaire.

Questions assessed the need for further written information on LTFT training in the region and interest in an educational event. Trainees already working LTFT were asked what they valued most out of support already in place.

Results. Of 40 trainees who responded, 100% stated when commencing LTFT training they would wish to receive more information. Respondents were asked which areas they would like included: practicalities (100% of respondents), LTFT mentor (85%), peer support (83%), weblinks to information (70%), recommended reading (53%). Those already working LTFT were asked what they had found helpful, the most common themes were mentoring, peer and supervisor support.

85% of trainees surveyed confirmed they would be interested in attending a LTFT focused educational event. Based on trainee preferences the areas to be included were job planning (78%), choosing a job (81%), clinical lead views (78%), finances (86%), Out Of Programme opportunities (61%) and emotional aspects (61%). Further questions clarified preferences for a virtual Vs face-to-face meeting and timing to maximise attendance.

Conclusion. There is a need for further information to be provided to trainees on LTFT training in the region. The content has been guided by trainees and will be incorporated into the Higher Trainee Handbook.

For those training LTFT the most helpful aspect has been mentoring, peer and supervisor support. We have subsequently linked with the established mentoring scheme and those new to LTFT are matched with an established LTFT trainee. We recommend 3 monthly LTFT peer and Training Programme Director meetings continue.

There is considerable interest in an educational event focused on LTFT working. This has been organised for May 2022 and the content guided by trainee's preferences.

An Audit and Quality Improvement Project Regarding the Management of Patients With Eating Disorders Within the West Glasgow CAMHS Team

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Aims. There has been a significant increase in presentations of people with eating disorders (ED) within CAMHS in relation to the pandemic with a significant pressure on services to continue to provide evidence-based treatments for an expanding number of severely unwell patients. The first aim was to assess the quality of referrals received for patients with suspected ED and to then implement an intervention regarding the way that referrals are handled. The second aim was to establish a process for handling and monitoring patients already open to the service.

Methods. An initial and repeat survey was sent to staff within the team. The survey included the Mental Health Professional Stress Scale (MHPSS). An audit was conducted to establish the quality of referrals from GPs based on the Junior Marsipan guidelines. Data were collected on physical measures and the written content of referrals for March 2020–21 and March 2021–22.

Duty clinicians were asked to screen referrals and prompt GPs to submit recordings of physical parameters for the referrals to be triaged. In addition, a weekly meeting in a "board round" format was implemented to discuss new referrals and 40–50 existing patients each week depending on risk. We developed a physical health monitoring clinic once per week.

Results. MHPSS scores remained high between initial and follow-up surveys, with slightly increased mean scores for workload, organisational structure and processes, and lack of resources. Referrals from 2020–2021 (N = 26) and those from 2021–2022 (N = 39) were screened. The majority had a diagnosis of anorexia nervosa. Most referrals had records of height and weight (73.1 to 82.1%). 53.8% of referrals in the re-audit period required prompting for physical recordings to be submitted. There was no change in the written content of referrals at re-audit, with only 46.2% recording risk, 51.3% recording estimated onset and 56.4% documenting body image.

There was a slight reduction in the mean time between referral and diagnosis from 44.1 to 34.2 days. The weekly board round received positive feedback (N = 10) with 70–100% answering agree/strongly agree to statements such as manage patients' care safely, obtaining urgent advice and physical monitoring.

Conclusion. The processes summarised above have been successful in improving the efficiency surrounding the management of patients with ED. Unfortunately, there has been no improvement in the stress levels of staff; we hope to conduct a focus group to better understand this. A referral proforma should be developed by the wider service for GPs to complete.

The Contribution of Transference Focused Psychotherapy in Improving Psychiatry Trainees' Attitude and Technical Confidence Towards Patients With Personality Disorders

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Aims. Transference-focused psychotherapy (TFP) is a manualized evidence-based treatment for severe personality disorders (PDs) based on a psychodynamic approach that focuses on object relations theory. It has been used as a teaching tool in different psychiatric settings. Psychiatry trainees are often the "first-responders" in multiple services, and they have to deal with patients with PDs in various settings. Yet there is a documented gap in psychiatry trainees' education regarding the assessment and management of patients with PD pathology. The aim of our study was to evaluate whether a series of teaching sessions on TFP theory and techniques as applied to PD could improve the attitude and technical confidence of psychiatric trainees in the clinical encounter of a patient with a PD.

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