Results: Across both systems, difficulties accessing care and fragmented transitions between services, were identified as sources of distress for patients and pressure for clinicians. Emergency departments emerged as settings of prolonged waiting. Differences were noted in routes to admission, gatekeeping processes and alternatives to inpatient care. These structural features shape doctors experience, including responsibility for decision-making under pressure, risk management and exposure to moral distress.
Conclusion: This comparative narrative mapping highlights how the organisation of acute psychiatric services influences patient journeys and clinician experience. By foregrounding experience and reflective clinical narratives, this work aims to support discussion about shared challenges, system pressures, and potential learning across European systems. This work reflects the perspective of clinicians, using a hypothetical scenario. It is not intended to represent all patient experiences or to provide quantitative comparison between systems.

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Haringey Rehabilitation Pathway

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Aims: We wanted to develop a dedicated pathway to support people through their rehab journey from the start of their inpatient admission until 18 months post discharge. The overarching aim of this pathway is to improve the service user journey whilst saving the trust money at the same time.
Methods: A thorough service evaluation across the five boroughs within North London Foundation Trust (NLFT) in order to map out the current processes in place and discrepancies between services.

Literature review of current practices in rehabilitation psychiatry across the country, cross referenced with NICE guidelines to establish the best evidence-based pathway.

Most importantly qualitative research from interviews with service users, carers and staff in order to develop a co-produced pathway that is driven by the needs of those we are trying to support.

The above methods were used to co-produce a pilot rehabilitation pathway in Haringey which began in May 2024.
Results: Our pilot project has reduced the number of rehab bed days by 2695 (projected for end of May 2026), which is a reduced Integrated Care Board (ICB) spend of £1540,000 (based on average cost of rehab bed of £4000/week).

Our re-admission shows 302 days saved at a cost saving of £172,571.

Our qualitative data shows service users under the pathway are able to live more independently, are engaging with our Occupational Therapy (OT) and psychology groups, have reductions in their package of care needs and as a result of the reduction in out of area beds we are able to deliver our care, closer to home.
Conclusion: The Haringey Rehabilitation Pathway is an excellent example of a co-produced pathway that addresses the needs identified from a robust service evaluation.

The outcomes of the pilot pathway show considerable financial savings to the trust and ICB. There has been a dramatic reduction in the number of rehabilitation bed days, out of area placements and readmission rates and our service users feedback is proof that this pathway is supportive and enables independence by focussing on relationship building and development of life skills.

Future developments include rolling out our pathway across the whole trust.

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Burnout and Workforce Withdrawal Intentions Among Psychiatry Inpatient Staff

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Aims: Burnout is a recognised risk factor for workforce attrition in healthcare. In psychiatry in patient services, where retention pressures are high, understanding the relationship between burnout and staff intentions to leave or reduce working hours is critical for service sustainability. There we examine the association between burnout and workforce withdrawal intentions among psychiatry inpatient staff.
Methods: An anonymous cross-sectional survey was completed by 115 inpatient psychiatry staff. Burnout was measured using a validated composite score. Workforce withdrawal intentions were assessed using two Likert-scale items measuring likelihood of leaving the current role and likelihood of reducing working hours within the next 12 months due to work-related stressors. Multivariable linear regression models adjusted for professional role group, years working in psychiatry, and work pattern. All statistical analyses were performed using IBM SPSS Statistics.
Results: Higher burnout was strongly associated with increased intention to leave the current role within the next 12 months (adjusted B=0.94, $p < 0.001$), with the model explaining 47% of variance in turnover intention (adjusted R^2=0.47). Burnout was also independently associated with intention to reduce working hours (adjusted B=0.62, $p < 0.001$; adjusted R^2=0.21). Staff characteristics, including professional role, years of experience, and work pattern, were not significant predictors of workforce withdrawal intentions.
Conclusion: Burnout is a powerful predictor of workforce withdrawal intentions among psychiatry inpatient staff. Addressing burnout may be critical to improving staff retention and maintaining workforce capacity in inpatient psychiatric services.

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Standardising Mental State Documentation on an Acute Psychiatric Ward Using the MINDY Framework

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Aims: Consistent and comprehensive documentation is essential for patient safety, continuity and appropriateness of care, and effective