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Aims. This Service Survey is a part of a Quality improvement project which aims to :1- To assess the extent of the problem regarding accessing Adult ADHD assessment and treatment by getting the views of clinicians.2- Evaluate negative impact on care coordinators of the delay in accessing timely and effective diagnosis and treatment of ADHD; This will: a-Increase understanding of the care needed by this patient group. b-Clarify current practice and any difficulties staff face in condition management when diagnosis not confirmed i.e. outline training needs. c-Determine if waiting time for diagnosis results in iatrogenic harm (deterioration driven by 'unmet need'). 3-Inform the development of an alternative pathway of care; thus: a-Reduce inequality of healthcare access for those with this neurodevelopmental condition. b-Reduce stigma. c-Improve service user health and well-being. d-Support families and carers. e-Reduce social costs to individual and community. f-Support community staff and increase knowledge and effectiveness.

Methods. Methods of the service survey part:

1. Service survey: Sent to 21 consultants who are working in Adult CMHT.
2. Service Satisfaction survey for all of the Redcar & Cleveland Affective disorder team's clinical staff members (18).

Results: Consultants Service Survey. 11 consultants responded out of 21 (52%)

Approximate number of the diagnosed ADHD patients / team varied between 7–80 patients.

Wait time for an ADHD assessment varied between 12 -30 months.

Number of patients/ team waiting for assessments by the specialist team 2- 27 patients.

50% of the consultants reported significant delays between referral to the services and initiation of treatment 6–36 months.

All consultants reported commencing treatment of ADHD, if a patient already had the diagnosis.

9/11 (82%) consultants reported making the initial diagnosis and treating ADHD patients in CMHTs. However, all consultant reported the need for further training in assessment and management of ADHD patients.

6/11 (55%) consultants stated that ADHD patients should be managed in CMHTs provided they are care coordinated by another clinician.

Clinical Staff Satisfaction Survey. All 3 staffs responded out of 18 staff, reported un satisfaction with the current service provision.

Conclusion.

1. The current service model is not able to meet the increasing demand for the services and leading to significant delay in accessing appropriate treatment.
2. There is a need to improve competencies of community mental health teams to manage these patients.
3. This survey will be used to model a new care pathway.

Sleep & Dreams Group in a Specialist Eating Disorders Unit, an Evaluation

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Aims. Development of an eating disorder in childhood has been shown to predict sleep disturbance in adulthood. Both the National Institute of Health and Care Excellence (NICE) and the wider scientific literature support interventions to help support patients with their sleep. The aim of this project was to evaluate the perceived benefits of the Sleep and Dreams Group to adult patients with anorexia nervosa (AN) on a specialist eating disorders unit.

Methods. Adult patients with severe AN on an inpatient specialist eating disorders unit attended a 6 session, once weekly group on a voluntary basis. The therapeutic group included psychoeducation around sleep hygiene, and an experiential component focusing on sleep/dreaming context of inpatient treatment of severe AN.

Results. All participants(n = 6) either agreed or strongly agreed that their understanding of sleep and dreams had improved. Quality of sleep strongly improved in 20% of participants, however, the remainder reported no significant change in this domain. Despite this, 80% of participants agreed or strongly agreed they got what they wanted from the group, finding the content of the psychoeducation material slightly positive or very positive. The total program length was thought to be appropriate, with 80% describing this as very positive.

Conclusion. The impact of the group on quality of sleep was variable, these results indicate that the value of the group to participants was found in the intergroup processes as evidenced by positive evaluation. This is of particular relevance to severe AN, where interpersonal deficits are often seen and from a treatment perspective in addressing the isolating nature of the disorder. Suggestions for improvement included bolstering the interactive component, and assessing participants regarding eligibility for dream discussion to aid formulation work of the unit.

The Balint Group Experience for Forensic Mental Health Professionals

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Aims. Balint groups were initially set up to meet the needs of GPs in better understanding the emotional aspects of complex doctor-patient relationships. They have since been taken up in the training of psychiatrists, GPs, and medical students, having been shown to improve communication skills and sensitise participants to their own psychological processes. Working as a Care Coordinator in a Forensic Community team is a highly challenging role where, by definition, there is the spectre of risk of harm to others. There is very little published data on the use of Balint groups in nursing populations, even less so in the Forensic mental health setting. The aim of this project was to evaluate a longitudinal Balint group for mental health professionals in the Forensic service of Cambridge and Peterborough NHS Foundation Trust, and to report on the perceived benefits to attending in terms of personal and professional development.

Methods. The evaluation used a standardised mixed methods approach, with the sample consisting of members of the Forensic South Community Service Balint group n = 5. For the

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evaluation period the job roles were solely clinical nurse specialists, taking a snapshot of the group between September 2020 and January 2022. The group met monthly for one hour virtually, led by Dr Arends, a specialist registrar in psychiatry with appropriate training in Balint leadership. The format in sessions was in keeping with the Balint method, as per The Balint Society, emphasising confidentiality. Data were gathered via survey tool, adapted from the literature using Likert scales and white space questions to identify barriers and facilitators.

Results. Participants scored the group highly across the board in terms of acceptability, clinical impact, and fidelity measures. Notably 60% strongly agreed and 40% agreed the group was a safe place to express and process anxieties and frustrations about their work. All participants either agreed or strongly agreed the group had changed the way they think and practice, and that they felt able to consider their clinical encounters in a new light.

Conclusion. Facilitators identified were of increased team working through cohesion and notably of increased appreciation for the functional and symbolic elements of the symptoms their patients presented with, suggesting that the value of the group existed in its providing of space to metabolise the often intense demands of Forensic patients, together and as a team. The main theme within barriers to the group processes were external in terms of other clinical demands requiring prioritisation.

Attention Deficit Hyperactivity Disorder in a Male Medium Secure Unit

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Aims. The worldwide prevalence of Attention Deficit and Hyperactivity Disorder (ADHD) in the adult population is estimated to be 2.5%. Prevalence studies have shown rates to be consistently around ten times higher in the prison population, but there is less known about secure psychiatric hospital populations. ADHD has relevance as a predictor for offending, for challenging behaviours when incarcerated, for lower quality of life and high costs for both the NHS and prison systems. This service evaluation aimed to establish estimated prevalence of ADHD within one male medium secure unit.

Methods. A cross sectional review of computerised medical records for all service users on the male medium secure forensic unit took place, to identify those who met inclusion criteria. Service users who were too acutely unwell or had an established or pending diagnosis of ADHD were excluded.

The Brief Barkley Adult ADHD Rating Scale (B-BAARS), a 5 minute screening questionnaire, was given to service users to complete. Anonymised responses were converted to electronic format and the compiled results analysed.

Results. There were 125 service users at the time of information gathering, with 112 eligible according to inclusion and exclusion criteria. 2 of the excluded service users already had an ADHD diagnosis. 70 service users out of those approached, agreed to take part in the screening (62.5%). 2 out of 70 (2.9%) service users met criteria for a possible diagnosis of ADHD.

Conclusion. Using the B-BAARS, 2.9% of service users on the male medium secure forensic unit reported clinically significant symptoms suggestive of a diagnosis of ADHD. This estimate is significantly lower than other studies in prison settings. When combined with the figure for service users with a pre-existing diagnosis, however, the figure is still higher than in the general population (5.5% compared to 2.5%), and illustrates that screening tools can have a useful function in forensic settings.

There may have been methodological issues with this evaluation, including the self-reported nature of symptoms, the comparatively high level of functioning required to complete the questionnaire and the low response rate amongst the service users.

This evaluation serves to increase awareness about ADHD in the forensic population in general. It also highlights the value of this simple screening tool, or one similar, to clinical teams on the forensic wards. The screening tool could be further utilised in low secure and women's services to establish if results are similar amongst these populations.

An Investigation Into the Impact of Dementia Knowledge and Attitudes on Individuals' Confidence in Practice: A Survey of Non-Healthcare Staff Inside the Prison Estate in England and Wales

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Aims. Whilst the majority of age groups are seeing a decline in numbers in prison custody, the older male population continues to rise year on year. This unexpected trend has led researchers to investigate the needs of this particular cohort in more detail and start to question if the prison estate is able to care for the specific needs of the ageing population. This primary research specifically, looks to investigate what relationship, if any knowledge and attitudes to dementia have on how the confidence in practice levels of non-healthcare prison staff

Methods. This research, in a specific, applied context considers the relationship between attitudes toward the prison estate alongside knowledge and attitudes toward dementia in general and the potential relationship these may have on confidence levels. To do this, the research scored individuals' responses against the dementia knowledge assessment scale, attitudes to the prison estate and general attitudes toward dementia. These three independent variables were measured both overall and individually against individual confidence in practices scores. 50 individuals participated with differing roles and length of service in the prison estate

Results. The results of the study found that the overall model was significant. Of the three independent variables, it was found that positive attitudes to dementia were the most influential predictor of confidence. Knowledge of the condition and attitudes to the prison estate, the second and third independent variable however were not significant predictors of confidence in practice levels. Overall, the results indicate that there is a relationship between knowledge, attitudes, and confidence in delivery of dementia care in the prison estate as an overall model.

Conclusion. The main objective of this study was to determine the knowledge and attitudes to dementia of non-healthcare prison staff and if that knowledge and those attitudes had an impact on confidence in practice levels. It could be argued that this research has fulfilled its primary aim, reporting that knowledge about and attitudes toward dementia scores are a significant predictor of knowledge of the condition in non-healthcare-based staff.

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