Aims: Menopause is increasingly recognised as a contributor to mental health presentations. There is a lack of confidence amongst clinicians in investigating and managing menopause in psychiatric patients; up to 41% of psychiatrists reporting feeling "not confident at all" in responding to the hormonal health of female service users. We aimed to evaluate the acceptability and efficacy of a specialist service for menopause and menstrual disorders amongst patients in secondary mental health care.
Methods: We devised and ran a Menopause and Menstrual Health Clinic offering email advice, case discussions, and assessments. The clinic is staffed by a consultant with special interest in the field, admin, and with MDT discussion input from Community Gynaecology. We have administered tailored teaching sessions to clinical services across the trust. Pre- and post-intervention survey data has been taken from service users, clinicians, and teaching recipients.
Results: Initial feedback from teaching sessions shows improvement in knowledge and confidence (both 100%, n=12) and a positive impact on clinical practice (100%, n=10).

In the first eight months of operation, the clinic received 43 referrals from 37 referrers across primary and secondary care services. Early quantitative and qualitative feedback from patients and clinicians is positive. 100% of clinicians (n=9) who have responded to date find the clinic has improved the care they offer their patients, naming the "expert advice", "comprehensive feedback", and holistic reviews offered as key components of the clinic's efficacy. 100% of clinicians and patients surveyed found the clinic easy to refer to or attend.Six-monthly follow ups from initial reviews are ongoing, but 100% (n=3) of patients surveyed to date have found treatment changes advised by the clinic to have had a positive impact on their mental health.
Conclusion: Preliminary data suggests the clinic is beneficial to clinicians and patients, with strengths including discussion of novel treatment options, holistic assessment of needs, and open dialogue between professionals regarding hormonal symptomatology and management. Delivering teaching sessions for colleagues to introduce a hormonal lens to formulation and management plans further extends the reach and effectiveness of the clinic. Ongoing work is needed to embed this awareness in routine psychiatric practice, through the expansion of teaching provision and increasing the profile of the clinic's criteria and referral process. Future research should consider the need to embed consideration of hormonal status into mental health assessments, as a step towards addressing inequitable health outcomes for women."

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The Rise in Neurodevelopmental Referrals and Diagnoses in Children and Young People.

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Aims: Neurodevelopmental disorders, including ASD and ADHD, are lifelong conditions that typically present in childhood. Early identification and timely diagnosis are essential to facilitate access to appropriate support, reasonable adjustments and evidence-based interventions to improve long-term outcomes. In recent years, health services across Wales have reported a substantial increase in referrals for neurodevelopmental assessment. This trend has been observed in ABUHB, placing increasing pressure on neurodevelopmental diagnostic services and contributing to prolonged waiting times.

The purpose of this service evaluation is to examine patterns in neurodevelopmental referrals and diagnoses amongst young people within ABUHB, and to assess whether existing diagnostic pathways meet expected quality standards. The evaluation aims to describe referral volumes, waiting times and diagnostic outcomes for the young people referred for neurodevelopmental assessments. In addition, it seeks to identify trends over time in the volume and nature of referrals, including demographic characteristics, and to assess service performance against national and local guidance, including NICE recommendations and Welsh Government neurodevelopmental targets.
Methods: To achieve these aims, a retrospective review of routinely collected service data from ABUHB's neurodevelopmental pathway was undertaken. Quantitative analysis was used to evaluate referral rates, time from referral to assessment and diagnostic outcomes. Observational learning complemented the quantitative findings through attending neurodevelopmental assessment clinics and MDT meetings, providing insight into the clinical decision making, referral pathways and multidisciplinary working. Engaging with clinician-sinvolved in assessment further contextualised the findings and enabled deeper understanding of perceived challenges, service pressures and examples of good practice.
Results: This service evaluation demonstrates increased demand for neurodevelopmental assessment, alongside extended wait times and variation in diagnostic outcomes across the pathway. Service data demonstrates a substantial rise in accepted referrals over time, rising from 1535 to 2221 between 2021 and 2023, with sustained high referral volumes after. These findings highlight areas where current practice aligns with recommended standards, and areas where service delivery may be constrained by capacity and resource limitations. The clinical observations provide valuable context regarding the impact of rising referral volumes on patient-centred care.
Conclusion: In conclusion, this service evaluation will provide a structured, data-informed overview of the current performance and pressures within the neurodevelopmental diagnostic services within ABUHB. Through integrating quantitative service data with qualitative clinical observations, the project aims to generate evidence-based recommendations to support service improvement. This evaluation highlights the role of service evaluation in supporting reflective clinical practice and continuous quality improvement within child and adolescent mental health services.

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Mental Health Awareness, Barriers and Support Needs Among Construction Workers: A Service Evaluation

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Aims: The aim of this service evaluation was to assess baseline mental health awareness, openness to discussing mental health issues, recent experiences and perceived barriers to seeking help among construction workers, and to identify preferred workplace interventions to inform targeted mental health support initiatives.

Methods: An anonymous survey was conducted at a single construction site. Participants completed a questionnaire assessing mental health training exposure, confidence in recognising mental health issues in themselves and in others, openness to talking about mental health problems, awareness of mental health support services, perceived barriers to seeking help, recent mental health experiences and preferred support interventions. Responses were analysed using descriptive statistics.
Results: The survey was completed by 18 construction workers at a single site. Only 56% had received a form of mental-health training. Awareness of support services was variable with 72% knowing about Samaritans, while 56% were aware of the NHS urgent mental-health helpline and the Construction Industry Helpline. Stress at work was reported by 78% of respondents, and approximately 66% experienced low mood, anxiety or sleep disturbance. The most common barriers to seeking help were the belief that others would not care (39%) and stigma or taboo (33%). Preferred interventions included supervisor mental-health training (50%), short educational mental health talks (44%) and mental health champion programmes(39%).
Conclusion: A significant number of construction workers in this survey reported recent experiences with stress, depression and anxiety, alongside gaps in mental health training and awareness of available support. Stigma and belief that others would not care were identified barriers to seeking help, reinforcing the impact that culture and society plays on these perceived barriers. Participants favoured practical, workplace based interventions, particularly supervisor training, brief educational sessions and peer support initiatives. These findings support the implementation of targeted on-site mental health initiatives to improve engagement and accessibility of support within this high-risk occupational group.

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Innovating Crisis Care: A Multi-Agency Model for High Intensity Users

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Aims: The ethos of this project was that regular users of mental health services have complex needs, often falling through the cracks of service provision, which can result in poor and inconsistent care. In the context of our work, these high intensity users (HIU) are defined as having five or more referrals to acute psychiatric services within 90-days. Our aim was to improve the patient experience through working holistically, in a co-produced manner, within a whole system approach, as endorsed within NHS Right Care, Right Person and The Mental Health Crisis Care Concordat.
Methods: Co-production with:

- Staff: HIU leads have been empowered to adapt overarching processes to their local population. Staff feedback has been considered.
- Patients/carers: Focus groups were conducted with lived experience representatives, with ongoing input at system-wide interface meetings.
- External stakeholders: Workshops were conducted with statutory and non-statutory partners.

Resulting in:

- HIU leads in acute and community directorates, supported by clinical lead.
- Multi-agency professional meetings to inform safety planning.
- Specific HIU safety plans, coproduced as therapeutic tools. These plans empower and support clinicians to provide consistent and safe care, with a focus on working with emergency services.
- Monthly, system-wide HIU interface meeting with external partners.
- Information sharing with our system-wide partners.
- Trust wide promotion and resources.

Results: Within the HIU cohort, there was a reduction in the average number of 'acute' referrals per month from 80 between August-December 2024, to 28 between August-December 2025. With a notable reduction in 136 referrals from 9 in August 2024, to approximately 2 per month in December 2025. There was also a reduction in the number of admissions to acute wards from an average of 8.8 between August-December 2024, to 3 between August-December 2025, with variation in the average length of stay. There were several 'good news stories' of successful collaboration with individuals who were previously struggling to engage with community mental health services. Staff have provided positive feedback, reflecting on the benefits of joint working and that the HIU project is "valuable to get to know patients with long history in services but are not engaging well'.
Conclusion: The partnership has demonstrated value for patients and professional across the system, through providing a coordinated approach to crisis care. Testimonials from partners highlight this: "it shows how Police and mental health services can work together to create a more compassionate, joined-up approach to crisis care, one that listens, responds, and supports rather than reacts or restrains."

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Exploring Disproportionate Mental Health Act Detention Among Black Adult Men: A Thematic Review

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Aims: There is clear evidence that Black men are disproportionately detained under the Mental Health Act (MHA). Our aim was to explore and characterise the clinical, social, organisational and structural factors contributing to this phenomenon, by examining the pathways to compulsory admission among Black adult males, and to generate hypotheses to inform future research and service improvement.
Methods: We completed a thematic analysis of Structured Judgment Reviews (SJRs) of a consecutive series of Black adult male patients detained under the MHA within a single NHS mental health trust. The MHA team provided ten consecutive cases organised by date of detention; two cases were excluded due to being minors, leaving eight cases. The reviews were completed by trained clinicians using NHS SJR methodology, to apply structured judgment and qualitative narrative across phases of care. We identified themes relating to

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