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

Dr khaver bashir, Dr HANNAH CAMPLING, Mr Kerby Francis, Miss Daisy Mckenna and Mrs Tehmina Iqbal

North London Foundation Trust, London, United Kingdom

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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

Dr Mohamed Jalloh[1,2], Dr Samukeliso Fundira[1,2] and Dr Vasudevan Krishnan[1,2]

[1]St Georges Hospital, Midlands Partnership University NHS Foundation Trust, Stafford, United Kingdom and [2]Royal Stoke University Hospital, University Hospitals North Midlands, Stoke-On-Trent, United Kingdom

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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

Dr Alba Garcia-Melendez[1], Dr Chania Lambrinudi[1], Mr Kishen Guruparan[2], Dr Harith Ali[1] and Dr Kazuya Iwata[1]

[1]East London NHS Foundation Trust, London, United Kingdom and [2]Queen Mary University of London, London, United Kingdom

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

communication on psychiatric inpatient wards. The Mental State Examination (MSE) remains the cornerstone of psychiatric assessment; however, routine nursing documentation often varies in structure, emphasis, and completeness. In other clinical settings, structured documentation tools have shown improved consistency and adherence to best-practice standards. Within psychiatric services, there is limited evidence examining whether routine nursing notes consistently capture the breadth of the MSE.

This case-note review focuses on documentation quality using MINDY, a structured mental state framework developed to support systematic inpatient assessment.

We aimed to compare the completeness and consistency of routine nursing inpatient psychiatric documentation with contemporaneous assessments completed using the MINDY framework.

We hypothesised that the former do not consistently show all core domains of the MSE and that MINDY provides a more comprehensive representation of the patient's overall mental state.

Methods: We designed this as a service evaluation and case-note review on an acute adult psychiatric inpatient unit. During a two-week period, selected randomly, three different resident doctors assessed all patients under a single consultant using the MINDY tool. We obtained corresponding nursing documentation for this period and compared these sources of information, only including days when both were available.

An independent medical student, not involved in patient care, performed the comparative analysis.

All records were anonymised prior to analysis. Local NHS information-governance procedures and General Data Protection Regulation (GDPR) were followed.

Results: Routine nursing documentation demonstrated a median MSE-domain completeness of 40% across patients, with consistent focus on behaviour, activity, mood and cognition but near-complete omission of speech, thought process and insight.

In contrast, the MINDY framework structurally mandates assessment of nine of ten classical MSE domains, yielding a median completeness of 90% per assessment. The median difference in domain coverage was therefore 50 percentage-points. The magnitude of this effect was very large (Cohen's h=1.13), and the difference was highly statistically significant on two-proportion testing ($p < 0.001$).

Conclusion: Compared with routine narrative nursing documentation, MINDY more than doubled the breadth of mental-state recording, increasing median MSE-domain coverage from 40% to 90%. The size of this improvement was extremely large and statistically robust, supporting MINDY's role as a powerful standardisation intervention rather than merely a symptom-rating scale.

These findings indicate that structured daily use of MINDY could enhance multidisciplinary communication and reduce systematic omission of key psychopathological domains on acute wards.

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Frequency and Reasons for Referrals to Liaison Psychiatry in Acute Hospital Settings: A Multi-Site Service Evaluation Across GMMH NHS Foundation Trust

Dr Ahmed Ghaly

Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom

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Aims: Liaison psychiatry plays a key role in managing mental health presentations within acute hospital settings. However, variation in referral patterns and service utilisation may impact effectiveness and resource planning. This service evaluation aimed to examine the frequency, reasons, demographics, referral sources, and outcomes of referrals to liaison psychiatry services across multiple acute hospitals within a large NHS mental health trust, and to identify potential gaps in current service provision.

Methods: A retrospective observational service evaluation was conducted using routinely collected electronic health record data for all referrals to liaison psychiatry services across seven acute hospital sites over a twelve-month period. Data extracted included patient demographics (age, gender, ethnicity), referring departments, reasons for referral, and outcomes following assessment by liaison psychiatry teams. Descriptive analyses were performed to explore referral volumes, site-level variation, demographic patterns, and intervention outcomes.

Results: A total of 32,209 referrals were analysed across the seven hospital sites. Emergency Departments accounted for the majority of referrals at all sites (approximately 67–85%). The most common reasons for referral were suicidal thoughts (42%), followed by low mood (23.4%) and self-harm/overdose (18.5%). Significant variation was observed in referral rates per population across sites, with some hospitals demonstrating substantially higher activity than others. Referrals predominantly involved working-age adults, while those under 20 years and older adults were proportionally lower at several sites. Ethnicity data revealed a predominantly White British referral population, though substantial missing data limited interpretation at some locations. The most frequent outcome was discharge with GP follow-up (38%), while smaller proportions were referred to community mental health teams, home treatment teams, or admitted to psychiatric wards.

Conclusion: This multi-site service evaluation demonstrates that liaison psychiatry services across acute hospitals are predominantly accessed via Emergency Departments, with suicidal ideation and mood-related concerns representing the most common referral reasons. Marked variation in referral volumes, demographic representation, and outcomes across sites suggests differences in service utilisation, integration, and potentially unmet need. Data quality issues, particularly around ethnicity and outcome coding, were identified. These findings highlight opportunities for improving referral pathways, strengthening liaison integration beyond Emergency Departments, and enhancing data recording to support future service planning, workforce allocation, and targeted quality improvement initiatives.

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Evaluation of Mental Health Emergency Centre Admissions at Northwick Park Hospital

Dr Sirous Golchinheydari[1], Dr Ruben Perumal[2], Dr Alex Thomson[3] and Dr Khalil Hassanally[3]

[1]South London and Maudsley NHS Foundation Trust, London, United Kingdom; [2]East London NHS Foundation Trust, London, United Kingdom and [3]Central and North West London NHS Foundation Trust, London, United Kingdom

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Aims: The Mental Health Emergency Centre (MHEC) at Northwick Park Mental Health Unit serves people who present in an acute mental health crisis, most commonly via the emergency department