assertive outreach approach for physical health checks by mental health specific nurses and support workers. The evaluation explored compliance with physical health check processes, follow-up practices for abnormal results, and the role of social deprivation in influencing health check uptake. It sought to identify barriers, assess adherence to policy guidelines, and recommend improvements for managing cardio-metabolic risk.

Methods: Data for the evaluation was drawn from the AWP (Avon and Wiltshire Partnership) electronic record system, focusing on cardio-metabolic screening forms and associated documentation. The sample period was for the financial year 2022/2023 with a total sample size of 21 service users (SU); 16 SU who received physical health checks, 4 SU who did not and 5 SU who are deceased. A literature review guided the methodological framework, focusing on studies and policies addressing cardio-metabolic risks in SMI populations. Data analysis examined compliance rates, abnormal result follow-ups, and the impact of socioeconomic factors.

Results: Compliance with annual physical health checks improved from 67% to 84%, exceeding the national target of 65%, set by NHSE. The rates of high blood pressure, dyslipidaemia and higher risk alcohol use appear to be lower in BSW than national averages. The rates of smoking, raised glucose, and obesity however are higher than national averages. Despite checks being done, the interventions recorded are low (43%) and care plans were in place for only 52% of the service users audited. Service users from socially deprived areas exhibited lower engagement rates, highlighting inequality in service access. Findings also emphasized the importance of assertive engagement strategies and specialized physical health training for mental health professionals.

Conclusion: While progress in compliance rates reflects successful implementation efforts, challenges persist in ensuring comprehensive follow-up care and addressing health inequalities. The evaluation recommends enhanced collaboration between secondary and primary care, improved training for staff, and targeted interventions for socially deprived groups to mitigate cardio-metabolic risks. Future efforts should focus on refining data-sharing processes and promoting integrated care to ensure sustained health outcomes for SMI populations.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Support and Adjustments for Neurodiverse Students Referred to Greater Manchester Universities Student Mental Health Service

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Aims: Are neurodiverse university students, referred to Greater Manchester University Student Mental Health Service (GMUSMHS), receiving the Disability and advisory support services (DASS) input they are entitled to? If not, are GMUSMHS recognising this and signposting appropriately?

Methods: In the interest of improving equality and diversity, along with access to higher education, services to support the increasing numbers of neurodiverse students are available. GMUSMHS uses a needs-led approach, across the 5 Greater Manchester universities. It can also ensure those struggling with complex mental health needs, alongside neurodivergence, can be signposted to appropriate educational support/adjustments. Enabling them to thrive and reach their academic potential.

16 referrals mentioning Neurodiversity within the designated 3-month period were identified. Initial referral forms, GMUSMHS assessment notes and outcomes were reviewed for DASS input. There were no exclusion criteria.

Results: From our sample 69% had a working diagnosis of Autistic spectrum condition (ASC). In all cases, where the diagnosis was not confirmed, the student was offered screening or onward referral for diagnosis. Six of the students were not noted to be under DASS and were not documented to have been signposted. All students who engaged with GMUSMHS were offered an intervention, this included extended assessment, case management, formulation sessions, Connecting people, emotion regulation/compassion focused therapy group, and PTSD/trauma education group.

Conclusion: Neurodivergent students may not be accessing the educational support and adaptations they are entitled to. GMUSMHS are supporting referrals for diagnosis of neurodiversity. They are not, however, consistently documenting if these students are accessing, or have been referred to DASS. Raising awareness and improving a collaborative approach between GMUSMHS and DASS is required. Including prompts on referral forms and assessment proformas may be helpful. A neurodivergent service lead has been allocated and service development to improve access for this client group has begun.

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Dying for a Drink: An Alcohol Care Team Evaluation Two Years Post Implementation

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Aims: Alcohol specific mortality and alcohol-related hospital admissions in England have continued to rise, with local statistics for Derbyshire worse than the national average. Alcohol Care Teams (ACTs) aim to improve the care received by those in hospital for alcohol misuse, with evidence showing they can reduce admissions, readmissions, and length of stay. Since ACTs have been stipulated in the NHS long-term plan, we wanted to gain insight into our local provision at the Royal Derby Hospital and the impact of the service two years post implementation.

Methods: Data relating to presentations, care provision, and outcomes were extracted from the electronic patient record system from September 2022 to August 2024. 3514 adults aged 18 years and over were referred to the ACT. Data regarding hospital admission rates, readmission rates, length of stay, and admission codes were requested from the University Hospitals of Derby and Burton Trust.

Results: Alcohol referral numbers have increased by 58%, with 76% of patients receiving an assessment or advice and guidance. For those not seen, 70% were discharged before an intervention could take place. 49% of patients had an AUDIT-C (Alcohol Use Disorders Identification Test for Consumption) score of 12, with scores over 10

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indicating potential alcohol dependency and significant complexities. Alcohol-related readmissions have decreased with an overall reduction of 16.67% post-implementation despite an increase in readmissions across all hospital presentations. Length of stay for these patients increased from 6.56 days to 7.39 days in year one but dropped to 5.93 days in year two. 37.5% of referrals to the ACT were referred to, encouraged to self-refer to or already under the care of community alcohol services and 21% of patients were offered a FibroScan appointment with the ACT.

Conclusion: Based on local estimates of a readmission costing £2000, the service has demonstrated savings of £1.14 million in year 1 and £448,000 in year 2. Length of stay data for hospital admissions increased in year 1, but we suggest that this may be a proxy for poorer quality of care prior to the ACT, resulting in higher readmission rates. Despite the team evidently operating at their ceiling of capacity with clear unmet need remaining, the evaluation shows the success of our ACT. The service has improved the care offer for patients and has contributed to the reduction of the burden of disease within the hospital, positively impacting the wider system and providing evidence for the efficacy of these services.

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Progress or Precipice? – A Service Evaluation of a Specialist Eating Disorder Unit Serving Both Adolescents and Adults

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Aims: There is good qualitative evidence in the literature of the challenges of transition from Child and Adolescent Mental Health Services (CAMHS) to Adult services at aged 18 faced by young people, their families or carers and professionals. Eating disorders typically present in adolescents and persist into early adulthood with an average age of onset at around age 18. This population is therefore often faced with the challenge of transitioning between services during periods of treatment. Some community eating disorder teams in the UK have started to move towards an all-age model, however, inpatient services do not seem to have kept pace with this change.

Methods: A literature search using PubMed was conducted to identify any publications relating to the transition between CAMHS and adult services in eating disorder treatment. An evaluation of the service at Cotswold Spa Hospital was done, and a review of admissions and discharges in the last year. The evaluation aimed to identify, understand and assess the ability to transition from CAMHS to Adult services in an eating disorder inpatient setting.

Results: Cotswold Spa Hospital is a private provider of NHS commissioned inpatient eating disorder treatment. It offers both acute inpatient and day patient eating disorder treatment to CAMHS and adult patients with the same treating team at one site. This allows the potential for young people to transition from CAMHS to Adult services whilst undergoing inpatient or day patient treatment, without the need to move setting during this most crucial part of their recovery. It is one of very few settings in the UK where this is possible at present. There are 8 CAMHS beds and 4 adult beds on different floors of the hospital, and the day unit is in a separate building. In the last year (2024) four patients were admitted aged 17 and continued their treatment at Cotswold hospital beyond their 18th birthday. Without this service it is likely that their care would have been interrupted with an inpatient transfer.

Conclusion: Transition between CAMHS and Adult services at age 18 whilst undergoing inpatient eating disorder treatment presents numerous challenges. Service evaluation identified Cotswold Spa Hospital offers a rare approach which can avoid this disruption to recovery by continuing care in the same setting.

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Survey of Mental Health Professionals' Knowledge and Skills in Managing Substance Misuse in Patients Admitted on a Mental Health High Dependency Unit

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Aims: Dual diagnosis is very common in patients who have a psychotic disorder. This impacts symptom severity, treatment outcomes, and relapse rates. Following multiple incidents of drug misuse on a high dependency unit and inconsistent staff approach in dealing with these issues, we recognized the need to assess staff knowledge as a first step toward providing effective patient care. The aim of this survey was to assess knowledge and skills of mental health professionals to manage patients who misused substances while being admitted to a high dependency unit.

Methods: Data was collected using an online questionnaire to evaluate staff's knowledge and perception of substance-related mental health risks with occasional and regular use and their role in managing it.

Results: 23 professionals participated in this survey – psychiatric nurses, healthcare assistants, occupational therapist, and psychologists. 72% of respondents believed occasional cannabis use while 90% believed regular use could exacerbate mental illness, 100% agreed that cannabis worsened existing mental health conditions with 95% feeling the need to counsel patients against its use.

In terms of class A drugs, 95% agreed that occasional use could cause mental health problems, while 100% recognized that these substances used long term could lead to worsening of mental illness.

86% were aware of the importance of drug and alcohol history on admission with 81% believed in providing advice and guidance. 91% supported referral to COMPASS (Specialist Drug Services). 78% felt they could diagnose opiate overdose and 100% were aware of naloxone use in opiate overdose. 100% recognized the importance of urine drug screening while 76% supported searches without consent if necessary. 55% felt police should be notified, and 45% supported placing patients on a contract, where discharge is part of the contract if breached.

91% agreed that staff required specialist training. Knowledge of synthetic opioids was limited, with only 53% recognizing their impact on mental health.

32% staff believed occasional alcohol use could worsen existing psychosis, while 77% recognized risks of heavy intake. 100% agreed that alcohol exacerbates existing mental illness.