a. Difficulty in assessing body language and facial expressions
b. Difficulty in assessing the level of function of SU
c. Unable to monitor physical health parameters
d. Difficulty in picking up non-verbal cues, and assess eye contact to ascertain mood component of presentation.

In summary it seems in the early stages of the pandemic, telephone consultation was the predominant form of remote consultation. Further work would be useful to obtain the views of people with LD, their carers and families as to which form of consultation would be their preference and whether remote consultation is acceptable for this patient group.

Optimising Treatment Delivery and Reducing Length of Stay in an Adult In-Patient Unit

Dr Urvashnee Singh*, Ms Fiona Salter and Dr Fiona Cartwright

Ramsay Clinic Hollywood, Perth, Australia
*Presenting author.

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Aims. Lifetime prevalence of eating disorders worldwide is 8.4% (3.3–18.6%) for women and 2.2% (0.8–6.5%) for men and this prevalence has been increasing over time. Anorexia nervosa has become a greater burden on secondary care: Not only have admission rates increased, but so too have multiple admissions per person with Anorexia Nervosa. Conservative treatment approaches and long lengths of stay have both direct and indirect costs for patients, hinder access to the service for potential patients and reduce service cost effectiveness. Ramsay Clinic Hollywood is a voluntary, private ten bed adult eating disorder inpatient service in Perth, Western Australia (WA). It is the only inpatient eating disorder specialist service for people over the age of 16, in both the private and public sector in WA. Over the past eight years, our focus has been on optimizing treatment delivery to minimise time spent in hospital for individuals with anorexia. The aim of this study was to evaluate whether instituting a rapid refeeding protocol was effective in optimising treatment outcomes, such as rate of refeeding and reducing length of stay (LOS).
Methods. A retrospective review of data collected for all inpatients from 2013–2019 was conducted. The outcomes evaluated were length of stay and number of readmissions.
Results. Utilising a rapid refeeding protocol successfully increased the rate of refeeding from 0.6kg/week to 1.5kg/week. This led to a reduction in average length of stay from 52 days in 2013 to 24 days in 2017. Concomitantly we have been able to double the number of patients admitted to the service/ year and reduce the number of readmissions/ patients
Conclusion. These results suggest that it is possible to lower length of stay by increasing the rate of refeeding and this in turn allows more patients access to hospital care for their eating disorder.

Improving Patient Engagement in Psychological Interventions

Dr Rajeswari Sivaji* and Dr RavindraB Belgamwar

North Staffordshire Combined Healthcare NHS trust, Stoke-on-Trent, United Kingdom
*Presenting author.

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Aims. The aim of this service evaluation project is to gain understanding about the reasons for service user's disengagement in psychological interventions. We felt that the findings of this project will enable services to better understand the experience of service users and help recognise why someone requesting services does not follow through. Around 68% of patients who were referred to psychological therapy did not complete therapy in our community mental health team highlighting a need to improve patient engagement in psychological interventions. Patients under secondary mental health services have complex needs and any referral decision to the most appropriate psychological intervention will need to be carefully considered as a part of their treatment plan. Premature termination from psychological interventions can lead to poor treatment outcome, waste staff time and contribute to unnecessary long waiting lists.
Methods. Random sample of 20 service users who disengaged from psychological therapy were chosen and telephone interviews were conducted to determine their perspectives on reasons for their termination. Introductory letter informing about this project was posted to the service users and they were contacted after a week to gather information. The following themes were included in the interview questionnaire like demographic characteristics, psychopathological difficulties, problems related to therapy or therapist, external circumstantial problems, internal factors and service user views on satisfaction/achievement of therapy goals.
Results. The results showed:

1. The most frequent reported reason for disengagement from psychological intervention was COVID-19 and internal factors (thinking that therapy would not help, low mood/too anxious, previous bad experience with therapy and feeling unwilling to open).
2. Number of session's service users attended ranged from 0 to 6 and no one completed the therapy.
3. Waiting time (from referral to start of therapy) ranged from 2 to 6 months.
4. 37.5% of service users were not aware about therapy details.

Conclusion. The results were shared with staff via local meetings Recommendations were drawn to improve patient engagement and retention in therapy.

1. Outpatient pack resources developed to offer service users at appointments which has written information sheets about presenting problems, overview of psychological interventions/ assessment and diaries for service users.
2. New template was drafted to improve the referral process to psychology by referrers having access to guides on how to assess a person's psychological needs, readiness for therapy and the provision of consultation slots with psychologists.

Service Evaluation of COVID and Non-COVID Admission Trends to an East Midlands General Adolescent Psychiatric Inpatient Unit

Dr Sue Fen Tan* and Dr Parveen Chand

Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom
*Presenting author.

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Aims. To explore the differences in admissions between the first COVID-19 lockdown cohort and a pre-COVID-19 cohort.
Methods. 23 young people who were admitted to an East Midlands General Adolescent Inpatient Unit during the first COVID-19 lockdown from March 2020 to September 2020 were compared with the 48 young people who were admitted in the same period in 2019. Demographic details, admission duration and reasons, mental health act (MHA) status, diagnoses,

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