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Improving Communication Between the Community Learning Disability Team, Patients, Their Carers and Primary Care Services Within Aneurin Bevan University Health Board

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doi: 10.1192/bjo.2024.242

Aims. Recommendations from the NHS and the Royal College of Psychiatrists advise that patients receive a copy of all correspondence that is sent on to the GP. Often, within psychiatric services, letters are not routinely sent to patients.

To improve communication with patients and their carers, the Aneurin Bevan Learning Disability team have been writing letters directly to patients and sending a copy to the GP.

There is limited use of jargon, and the complexity of the language aims to reflect the individual's reading level.

This study aimed to gain feedback from local GPs on the new letter format to ensure effective communication between teams.

Methods. We contacted Primary Care Services in the local area to gain feedback on how our clinic letters were being processed, we were informed that letters are reviewed by an admin team and only sent on to GPs if there are specific tasks to action, meaning that many of our letters remain unread.

We identified 16 GP practices in the Torfaen and Monmouthshire area and sent a survey by email to gain feedback on the new correspondence style. The survey was sent out three times within a 12-month period.

Results. Of 16 GP practices just 6 responded, with just 1 GP stating that they had noticed a change in the letter style. 50% of GPs felt they received relevant information in the letters from the CLDT. The comments were largely positive with suggestions reflecting changes that have already been made. There is no feedback that suggests GPs feel they are not receiving adequate clinical information.

Conclusion. The lack of response may highlight how infrequently GPs are reviewing the letters from the CLDT confirming the importance of prioritising doctor–patient correspondence. The limited communication from GP to CLDT emphasises the need for improvement in liaison between secondary and primary care services.

The lack of negative feedback about the letters is encouraging. There is no feedback that suggests GPs feel they are not receiving adequate clinical information and clear feedback that GPs want clear and accessible information, particularly regarding specific actions for GPs.

A clear limitation of this work is the lack of response to our survey. Reviewing these letters from our team is a very small proportion of a GPs workload, more time may be needed to ensure GPs have had contact with our team and are able to provide more detailed feedback.

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Personality Disorder and Crisis in the COVID-19 Pandemic

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doi: 10.1192/bjo.2024.243

Aims. To identify if COVID-19 has changed the experience for patients under the care of Crisis Resolution Home Treatment teams (HTT).

To identify if COVID-19 altered the response for HTT patients in the context of Personality Disorder (PD).

To provide useful demographic and experiential information about patients using HTT with PD during crisis.

Methods. Data regarding the demographics of patients with personality disorders under the care of the Croydon crisis home treatment team were collected retrospectively for two, predetermined time windows. The first window was pre-COVID-19 (26/03/2019–25/03/2020) and the second window was during COVID-19 (26/03/2020–25/03/2021). The demographics of patients with personality disorder referred to the team during these two time periods included were compared.

Results. More patients with personality disorder were referred to the Croydon HTT during COVID-19 ($n = 82$) when compared with the window before ($n = 58$). The proportion of referred patients with Emotionally Unstable Personality Disorder (EUPD) was constant before and during COVID-19. The average length of stay reduced from 22.6 days before COVID-19 to 18.7 days during COVID-19. The proportion of rejected referrals to the HTT of patients with personality disorder increased during COVID-19. Finally, the proportion of BAME (Black, Asian, Minority Ethnicity) referrals of patients with personality disorder increased during COVID when compared with before, with this finding not being replicated in any other ethnic group.

Conclusion. Increased numbers of referrals may indicate worsening mental health in the community. This may have been compounded by an inability of community mental health teams and inpatient services to meet such an increase in demand for services. An overall reduction in inpatient admissions during COVID-19 supports this idea. There was a relatively larger drop in duration of admission for patient with personality disorder during COVID-19, when compared with all patients. This may be due to staff feeling unable to offer quick management for patients with personality disorder. Subsequently, staff may have selectively discharged such patients earlier. The rate of rejected referrals to the Croydon HTT was consistently higher than the acceptances both pre- and post- COVID-19. Therefore, HTT clinicians may feel unable to adequately treat PD.

In conclusion, the number of referrals to the HTT increased during COVID-19, however, with a reduced average duration of stay with HTT for patients. The rejection rates for personality disorder patients were consistently higher than for other patient groups, both before and during COVID-19. Additionally, the proportion of patients with personality disorder from BAME backgrounds increased during COVID-19.

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