

Systematic Literature Review on the Impact of COVID-19 Pandemic on Referrals to Child and Mental Health Services (CAMHS) in United Kingdom (UK)

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doi: 10.1192/bjo.2024.411

Aims. Child and Adolescent Mental Health Services (CAMHS) is a highly specialised service to which children with severe mental health problems are referred. The COVID-19 pandemic brought with it a lot of uncertainty, and healthcare systems across the UK struggled to cope with the added pressure. The aim of this systematic review is to analyse the literature exploring the effects of the COVID-19 pandemic on the severity of mental health conditions and referral rates to CAMHS services in the UK. The findings from this study will help the services understand the impact of the pandemic on referral rates to CAMHS, the severity of various mental health conditions, and how the services are managing.

Methods. An extensive search, following PRISMA guidelines, was undertaken across multiple electronic databases using a predetermined search strategy. Studies reporting on mental health conditions in children post-pandemic and on referral rates to CAMHS in the UK were included. Subsequently, data extraction, quality appraisal and qualitative analysis were performed in a descriptive style.

Results. Initially, referrals to CAMHS decreased during the first lockdown, followed by a significant increase in referrals throughout the pandemic period. The referral rate to CAMHS remains steady until adolescence, with a rapid increase in referrals to the services during the teenage years. More adolescent girls were referred to CAMHS compared with boys and are at an increased risk of developing mental health conditions. A higher number of children and young persons presented with urgent referrals and heightened symptoms during the pandemic compared with the pre-pandemic levels. In particular, there was a significant increase in children presenting with eating disorder problems, accompanied by an increased severity of symptoms. Furthermore, there was an observed rise in depression and anxiety among children and young people, along with an increase in the use of antidepressant medication.

Conclusion. Referrals to CAMHS increased during the pandemic, with increased severity of symptoms observed, particularly in children and young people with eating disorders and neurodevelopmental conditions. Future research should explore the enduring impact of the pandemic on referral rates and presentations to CAMHS. This exploration is essential to aid senior managers and policy-makers in decision-making, enabling the implementation of appropriate measures to manage the pattern of demands on CAMHS and shape the future service delivery of CAMHS in the UK.

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.

An Audit of the First Stage of Service Development Initiatives Undertaken as Part of a Quality Improvement Process to Improve the Screening and Management of Older Adults Presenting With Delirium in Queen's Hospital (NELFT)

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doi: 10.1192/bjo.2024.412

Aims. To improve the detection of delirium amongst patients aged over 65 in Queen's Hospital, and then incorporate a clearer management pathway for these patients to be treated safely with more appropriate intervention and better follow up care. As part of the management pathway, the aim was to increase the delirium referrals made to the local Dementia and Delirium Team for quicker implementation and education regarding non-pharmacological interventions in treating delirium, whilst ensuring that Psychiatric Liaison Service (PLS) referrals for delirium were also appropriate.

Methods. A multi-phase approach to quality improvement and service development for patients with delirium has been adopted, and the first step is to improve the screening of patients over 65 years old with delirium and then to refer to appropriate teams accordingly. Our first intervention was changing the PLS referral form. It has been simplified with less input data required, and now includes a mandatory 4AT screening score for delirium, as well as a mandatory referral to the Dementia and Delirium Team for any patient with positive screening for delirium. The intervention was implemented in November 2023, with pre and post intervention data collected in October and December 2023 respectively. Data was collected prospectively and retrospectively using medical notes.

Results. Queen's Hospital PLS received a total of 60 older adult referrals in October 2023 and 49 referrals in December 2023, of which the total proportion of referrals diagnosed with delirium was 47% and 35% respectively (12% absolute reduction). The proportion of patients referred to the PLS team with delirium, who did not require further intervention after initial assessment, had reduced by 29% (87% to 58%). The proportion of patients with delirium referred to PLS, who had also been appropriately screened and referred to the Dementia and Delirium Team prior to PLS assessment, has also increased by 4%. There has been a marked increase in total delirium referrals to the Dementia and Delirium team after intervention, from 31 referrals in October to 85 referrals in December (174% increase).

Conclusion. There is an improvement in screening for delirium, with marked increase in referrals made to the Dementia and Delirium team. There is a decrease in uncomplicated delirium referrals who do not require further PLS intervention and can be appropriately managed with the Dementia and Delirium team input.

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Assessment and Management of Eating Disorders at Community CAMHS in South Lanarkshire: A Quality Improvement Project

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doi: 10.1192/bjo.2024.414