

Aims. Theoretically, OAMH services would be similar across all Welsh health boards but the reality can differ. To my knowledge, such data about OAMH services across Wales does not exist in a structured way. So I aim to explore these similarities/differences across different Welsh health boards.

Methods. A 20-question google forms survey was sent to 65 doctors from the seven Welsh health boards including long-term trust-grade doctors, middle-grade/SpRs and consultant psychiatrists. It is a box-ticking survey with comment fields for sharing potential thoughts.

Results. Response rate is 50.7% (33/65) with representation from all health boards. Consultants represent 72.2% of responses.

There is some variation in MDT members. Large variation shows in number of organic and functional beds. 33.3% have wards with mixed-type patients. 66.7% have separate wards for each cohort of patients. 30.3% have no inpatient duty but those who have (69.7%), show a varied number of inpatients. Only one sector has long-stay beds.

63.6% indicate that outpatient duty is divided into functional and memory services. Number of clinics differs hence varied numbers of patients.

57.6% have support of COTE on request, some have their regular attendance and some struggle to have their support. 66.7% indicate that care-coordinators are CPNs, otherwise they are OTs, social workers, psychologists or consultants.

75.8% find it better to have one team providing care for the same patient in the community and as inpatients; one major factor being continuity of care.

72.7% have medical students shadowing them in a structured way.

63.6% do not have specialized clinics in the community, others state they have clinics for lithium, clozapine, depot, S117 after-care, antipsychotic review, MCI or neuropsychiatry.

60.6% of liaison services are old-age specific. Some comments state that even in ageless services, they have an older adult psychiatry consultant. One comment states that there are designated nurses to each age group but the consultant is not "old-age trained".

90.9% of memory services are run by psychiatric service; 9.1% by other departments.

Conclusion. Variations are not only across different health boards but also in-between sectors in each health board. Responses indicate variation in structure of inpatient, outpatient, liaison service and community specialized clinics. There are different levels of support from COTE. Structured medical students' placements are shown in majority of responses. Finally, satisfaction of subconsultant-level doctors is clear by their wish to continue in the same field.

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.

Audit Review of GP Referrals to Perinatal Mental Health Team – Emphasis on Medication

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Aims. Audit had been completed with aim to review GP referrals to Perinatal Mental Health Services over a 6/12 month period.

Focus on medication, and information provided on referral proforma; prescribing via letters sent to Perinatal Mental Health Services.

The reason for undertaking this project is due to evidence of variance in practice in prescribing and documenting medications. **Methods.** The project team retrospectively took 6 months of data each for the four localities and looked at the list from the weekly MDT during that period.

The team identified the GP referrals and then looked in detail at the referral in Carenotes System.

The data was collected on a proforma designed in Microsoft Word and was then sent to the Improvement Team for collation and analysis using Microsoft Excel.

Results. 66% used the referral proforma and 20% used the referral letter.

The majority (106) of referrals were for a routine review/nonspecific.

The majority (78) of referrals were post-natal. 25% of referrals did not indicate whether the patient was post-natal or antenatal and hence no Expected Date of Delivery [MS(CPT1)] entered.

10% of referrals medication had been stopped. 24% of patients were to review to start medication.

Results show that sertraline had been initiated the most frequently. 65% unspecified. In 26%, sertraline had been most frequently prescribed.

Where medication had been stopped, the majority of proformas (64%) were incomplete. 9% of patients had Selective Serotonin Reuptake Inhibitors suspended such as sertraline and citalopram.

Conclusion. In most cases, the reason for referral was unclear.

Medication was often stopped unnecessarily – for most medications, it was not indicated whether medication was started/stopped.

If patients were started on medication, sertraline and citalopram were either started or stopped most frequently.

We also found that some of the referrals were illegible.

We presented the findings within our perinatal mental health team meeting.

We found the following to be actioned, including discussions with local GP practices and/or local GP educational forums.

We hope to re audit following the above action.

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A Survey Into Child and Adolescent Mental Health (CAMH) Staff Wellbeing Within a Trust in England

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Aims. Sickness absences within the NHS have been on the rise with 27 million days across 2022, 22% of which were due to mental health and wellbeing related issues. The 2022–23 report on progress in improving NHS mental health services found that increased workload and staff shortages within the mental health sector was leading to concerns of staff 'burnout' and higher rate of staff turnover. There is an indication that CAMHs staff are at higher risk of poor wellbeing despite limited research in the UK. The audit aimed to gain insight into the wellbeing of staff working in CAMHs within the trust according to NICE Mental