

functional status, and incidents were obtained retrospectively from the trust's online records.

Results. The unit received more female admissions prior to lockdown (60.4% Vs 47.8%). Approximately 30% of adolescents in the pre-COVID-19 group were not in education whereas those admitted during COVID-19 were all receiving education. More of the pre-COVID-19 group attended school than college and more of the COVID-19 group were employed, consistent with a lower mean age of admission in the former group. Most of the COVID-19 admissions were local and none were out of area. Young people were also more likely to be looked after by their parents during COVID-19 (82.6%) and none were taken care of by their relatives.

Pre-COVID-19 admissions were discharged sooner than their counterparts, which had 13% of admissions between 6–9 months. Both cohorts had mainly informal admissions due to risk to self. Most of the COVID-19 admissions were due to anxiety, followed by self-harm while the majority of pre-COVID-19 admissions were due to depression and PTSD. 43% of the COVID-19 admissions had at least one comorbid diagnosis, notably depression. More adolescents in the COVID-19 cohort were not started on any psychiatric medication during and after admission.

The mean number of incidents were two times higher in the COVID-19 group; self-harm was the most common reason. There was more violence towards staff during lockdown. However, absconson, possession of contraband items, and staff error were higher in the pre-COVID-19 group.

Conclusion. The introduction of COVID-19 restrictions was associated with a change in both the frequency and nature of inpatient admissions to this ward. Less young people were admitted during COVID-19, more frequently with anxiety as the primary reason and stayed for longer. Although the pre-COVID-19 group received more psychiatric medication, it is unclear if this contributed to a better functional status overall. This service evaluation also demonstrated the impact of COVID-19 on young people's mental health and life circumstances. An exploration of these trends in other units across the country would increase the generalisability of results.

Service Evaluation: Patient Engagement With Online Group Psychotherapy During the COVID-19 Pandemic in West of Scotland

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Aims. Online group therapy has gained popularity during the COVID-19 pandemic as an alternative to face-to-face group therapy. This service evaluation is aimed at assessing how this paradigm shift is received by the patients and how the quality of the provided services is assured and potentially improved.

Methods. 1. We have retrospectively compared the attendance records from all psychotherapy groups in North Lanarkshire psychotherapy department between two distinct time periods: from November 2018 to January 2019 when only face-to-face groups were available (5 groups, 29 patients) and from November 2021 to January 2022 when only online groups were available (4 groups, 21 patients).

2. In order to prospectively assess patient's views regarding online group therapy, Client Satisfaction Questionnaires

(CSQ-4, quantitative and qualitative) were distributed to January 2022 groups only.

Results. 1. The attendance rate was 5% lower in the face-to-face groups (76% vs 81%) while the non-attendance rate was lower by 1% in the online groups (9% vs 8%). The cancellation rate was also smaller by 5% in the online groups (14% to 9%).

2. In regard to the service satisfaction rates in the online groups, 57% of patients who responded, answered that "most of their needs have been met by the online services", 71% answered "services helped with their problems somewhat", 71% answered "they think they would come back to the program again and 66% answered" they are mostly satisfied with the services received. "The predominant positive aspects of the services according to free text comments were" "communication, understanding, sense of community" and the negative aspects that need improvement: "return to face-to-face (71% of answers), need personal interaction".*

* We have extended the deadline for the acceptance of the responses to 20th of February 2022 due to mailing systems being slowed down by the pandemic. (7 out of 21 questionnaires have been returned)

Conclusion. Overall the attendance rates between the online and face-to-face group therapy exhibit minor differences. Concerning the patient satisfaction rates they reveal that the majority of patients who receive group therapy online are above-average satisfied with the services, feel that the online therapy provides a sense of community but would prefer to return to face-to-face therapy.

Further data and studies will be needed to reach more robust conclusions.

Identifying Gaps for Service Provision in Children and Young People With Learning Disability and Challenging Behaviours And/or Mental Health Needs

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Aims. Children and adolescents with learning disability need multi-disciplinary input when they present with challenging behaviours or mental health disorders. This patient group needs specialist skills from the clinicians and professionals to support and meet their needs. There is no commissioned Child and Adolescent Learning Disability Mental Health Service (CAMHS) in Waltham Forest and support comes from Specialist Tier 3 generic CAMHS which comprises of Emotional Difficulties Pathway, Neurodevelopmental Disorders Pathway and recently developed Behaviour Pathway which mostly comprises of specialist parenting training/interventions. To identify gaps in service provision for children and young people with learning disability presenting with challenging behaviours and/or mental health needs in Waltham Forest as there is no formally funded CAMHS learning disability service in the locality.

Methods. All children and young people under 18 with learning disability under Waltham Forest CAMHS with ASD/ADHD and other neurodevelopmental disorders who meet the project criteria are included. Project criteria include 1) Main diagnosis of Learning Disability (Including clients with Learning difficulty (global), likely to have low IQ with cognitive impairment.), with or without associated other Neurodevelopmental disorders (e.g., ASD, ADHD or tics) or other mental health disorders and 2)

Engages in challenging behaviours. Challenging behaviours defined as behaviours significantly limiting engagement in daily & family life, education and/or social activities, and have persisted for at least a period of 3 months. Data were collected from electronic recoding system of individual patients; using a data collection sheet on level of learning disability; comorbid neurodevelopmental or emotional and mental health disorders; profession of allocated clinician; joint working with discipline; involvement with social care; allied health professionals input; presenting difficulties and severity; CETR or hospital admissions; referral to National services; What interventions offered (Medications, Behaviour assessment and/or interventions); if medications offered, was it used as first line and how long for; parents' view on medication management.

Results. As we have expected, medication management were used as first line and there were limited offers of behaviour support. Joint working with social care, speech therapy and occupational therapy but with limited input especially occupational therapy in cases with high sensory needs. It was unclear with the cognitive assessment and diagnosing the learning disability in the population under 16s.

Conclusion. There is a service gap for CAMHS learning disability population and more joint working needed among relevant health professionals.

Physical Health and Mental Health Comorbidities of People With Functional Neurological Disorders Referred to a Community Neuropsychiatry Service Pre- & Post March 2020 Lockdown Due to COVID-19

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Aims. Health comorbidities contribute significantly to the development and maintenance of illness in patients with Functional Neurological Disorder (FND). As part of a service evaluation project, we investigated the physical and mental health comorbidities of people referred to a community neuropsychiatry service in East Kent, in one-year periods preceding and following the March 2020 lockdown due to COVID-19.

Methods. We included all people accepted to the service between 23rd March 2019 and 23rd March 2021, where the reason for referral was Functional Neurological Disorder (FND) or Non-Epileptic Attack Disorder (NEAD). Referrals to the service for other reasons were excluded, as were declined referrals. Routinely collected data sources were reviewed and data stored in anonymized fashion. Data were analysed using Statistical Package for Social Sciences (SPSS).

Results. Total number of referrals for FND in the 2-year period was 260, with 161 referrals for NEAD and 99 for other FND.

In the pre-lockdown period, 163 patients were referred due to FND (101 with NEAD, 62 for other FND). There were fewer FND referrals in the post-lockdown period: 60 referrals for NEAD and 37 for other FND. The majority were female (74% pre-lockdown, 81% post-lockdown). Where ethnicity was recorded, White British was the most common (94% pre-lockdown, 90% post-lockdown), with a small number of people from other ethnic groups (3.5% White Other, 1.4% BAME, 1.4% Mixed pre-

lockdown; 5.4% White Other, 3.2% BAME and 1.1% Mixed post-lockdown). Ethnicity was not specified in 21 cases (13%).

Of the pre-lockdown group, 15 patients had prior contact with Child and Adolescent Mental Health Services (9%), with 7 patients (7%) in the post-lockdown group. Many patients had previous contact with mental health services (47% pre-lockdown, 53% post-lockdown). The majority of patients had at least one physical illness (69% pre-lockdown, 73% post-lockdown). Most had 1–3 physical comorbidities but 9% (pre-lockdown, 7% post-lockdown) had more than 4. Fibromyalgia (14% pre-lockdown, 12% post-lockdown), chronic pain (23% pre-lockdown, 21% post-lockdown), and epilepsy (11%, 9%) were common. Over 90% had psychiatric illness in both periods. Most patients had 1–3 psychiatric illnesses; a few had more than 4 (6.1% pre-lockdown, 1.4% post-lockdown). Depressive disorder was the most common comorbidity in both groups (41% pre-lockdown, 44% post-lockdown), followed by anxiety (35% pre-lockdown, 36% post-lockdown). PTSD was present in 8% pre-lockdown and 8.2% post-lockdown.

Conclusion. Physical and psychiatric comorbidities are common in people with FND; multidisciplinary working and liaison between services is crucial for care of these patients.

Audit

The Effect of the First Coronavirus Lockdown on Psychiatric Outpatient Attendance, a North Fife Survey

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Aims. There has been a significant change in the way we see patients during psychiatric consultations, this has led to challenges we face in delivering safe and effective care to patients under our care. “Telepsychiatry” has been used in literature from countries like Australia and India, there is very little around coming from the UK but there appears to be many ongoing research making the rounds. It is interesting to know that the existing literature on remote/virtual consultations during the COVID-19 pandemic are on the rise. The idea of this study was conceived during outpatient clinics after making an observation that many patients were likely to miss their appointments when they had telephone appointments compared to video consultations. This prompted a study to know if this is more likely to be observed in other outpatient clinics. The purpose of this study was to establish if virtual/remote consulting has affected patient attendance rate and whether this is also affected by the type of virtual consultation.

Methods. The data were collected using the “2020 stats sheets” for inpatient appointments between North Fife consultants from January to October 2020. This was registered with the NHS Fife clinical effectiveness team in January 2021.

Results. The results were categorized for the purpose of this survey as January – March (Pre-lockdown) and April – October (lockdown). It is important to note that some face-to-face appointments occurred during lockdown because there were emergency assessments and drug monitoring appointments scheduled.

The results of this survey showed that there was a clear reduction in clinic appointments made during lockdown compared to pre-