

## A Comparison of the Number of Referrals for Psychiatric Assessment and Prescribing Rates of Psychotropic Medication in the Year Leading Up to the COVID-19 Pandemic and the First Year of the Pandemic in a Child and Adolescent Mental Health Service (CAMHS) in South Edinburgh

Dr Steven Voy<sup>1\*</sup>, Dr Clare Robinson<sup>2</sup> and Dr Sarah Blue<sup>3</sup>

<sup>1</sup>NHS Fife, Kirkcaldy, United Kingdom; <sup>2</sup>NHS Education for Scotland, Edinburgh, United Kingdom and <sup>3</sup>NHS Lothian, Edinburgh, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.394

**Aims.** To establish if there were any significant changes in the number of referrals for psychiatric assessment or prescribing rates of psychotropic medication in the South Edinburgh tier 3 CAMHS team during the first year of the COVID-19 pandemic compared to the previous year. To explore factors that might be responsible for these changes.

**Methods.** Referrals to the Psychiatric Assessment Clinic were analysed between the periods of 23rd March 2019 and 22nd March 2020 and 23rd March 2020 to 22nd March 2021. Using the unique numeric patient identifier, data from these referrals was gathered retrospectively by looking at clinical documentation on the healthcare information system used across NHS Lothian. Data were gathered for 243 patients.

Data were collected on psychiatric diagnosis and, if medication was prescribed, what class of medication this was. Information on potential confounding factors was also gathered including sex, age, co-morbid psychiatric diagnoses, history of self-harming behaviours and suicide attempts, family set-up, schooling and other support services involved. Information was stored anonymously.

Data were coded. Statistical analysis was undertaken using SPSS (statistical package for the social sciences).

**Results.** Referrals for psychiatric assessment almost doubled from 83 pre-pandemic to 160 during the first year of the pandemic. Referral rates for most psychiatric disorders increased. The proportion of patients prescribed psychotropic medication increased significantly during the first year of the COVID-19 pandemic compared to the year preceding ( $P=0.031$ ).

Analysis of possible confounding factors was completed. Anti-depressant prescribing rates for those from non-nuclear families increased significantly in the year during the pandemic ( $P=0.012$ ). Other differences were observed but these were not statistically significant. The numbers of patients who self-harmed, attempted suicide or carried out both increased from 42 to 79.

**Conclusion.** Findings add to the existing body of literature highlighting an increase in referrals to mental health services and prescribing of psychotropic medications in the first year of the pandemic in comparison to those pre-pandemic. No clear conclusions could be drawn about factors responsible for change. Continuing to monitor referrals and confounding factors over time would be useful from a public health perspective. It would allow trends to be drawn so that planning can be carried out for future pandemics.

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.

## The Patient's Guide to Buvidal: A Service Improvement of a Digital Repository of Patient Information for Patients Taking Buvidal in Wales

Mx Devon Ward\*

Cardiff University, Cardiff, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.395

**Aims.** Buvidal is being used with patients with opioid dependence. Only 35% of patients read the paper patient information leaflet, which could be improved by condensing the information, making it accessible and relevant. Therefore, the aim was to create a series of informative videos answering important questions for patients taking Buvidal and then evaluate their perceived efficacy.

**Methods.** Data were collected from a questionnaire taken by patients taking Buvidal and healthcare professionals (HCPs) working in Substance Misuse Psychiatry in Wales. The results and preferences were analysed and the information was used to create 5 videos addressing the questions the participants thought were the most important. A second questionnaire was sent out alongside the videos to the original participants to gauge their utility. The Patient's Guide to Buvidal can be accessed on YouTube: [shorturl.at/afj13](https://shorturl.at/afj13).

**Results.** All participants reported that the videos would be useful in answering their questions about Buvidal. Participants ranked the use of Buvidal, the effect of comorbidities and other substances on taking Buvidal and side effects as the most important topics to be covered in the videos. Understanding and confidence increased in a mean of 80% of the topic areas discussed. HCPs reported an increase in 9 out of the 12 topic areas, whereas patients reported an increase in 7. There was no statistically significant difference between prescriber and patient confidence ( $t(22) = 0.197, p=0.05$ ). 100% of the participants stated they enjoyed the videos and preferred them to the patient information leaflet.

**Conclusion.** The digital repository could be a valuable addition to the holistic care of patients taking Buvidal to improve their understanding of important questions and topic areas. The use of one long video using YouTube's bookmark feature may be preferred by patients to easily navigate the videos. In the future, new medications and routes may benefit from videos like this targeted at HCPs as well.

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.

## The Role of a Specialist Community Rehabilitation Team (Mental Health Intensive Support Team) in Reducing Referrals for Out-of-Area Placements

Dr Jonathon Whyler<sup>1,2\*</sup>, Dr Darleen Chamles<sup>1,2</sup> and Dr Amrith Shetty<sup>1</sup>

<sup>1</sup>Cheshire and Wirral Partnership NHS Foundation Trust, Chester, United Kingdom and <sup>2</sup>Health Education England North West, Manchester, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.396

**Aims.** Patients may be referred for out-of-area (OOA) placements for a variety of reasons, including a lack of local service provision to meet the requirements of patients with complex or longer-term needs. OOA placements can lead to patients experiencing social isolation from family and friends, as well as disjointed access to local services. In addition, placements can be costly in