

inclusive) service users still face discrimination within modern mental health services. This project assessed homophobia and LGBTQ+ abuse among service users on an acute male psychiatric ward. Our aims were to quantify the incidence of abuse, to explore staff attitudes toward LGBTQ+ abuse and to identify targets to improve LGBTQ+ service users' experience. We hypothesised that incidents of abuse are common and not always challenged or escalated using appropriate channels.

Methods. Using a mixed methods approach we explored staff perceptions of LGBTQ+ abuse: quantitative data were generated from a questionnaire survey and qualitative data from a focus group.

Rates of homophobic incidents were assessed by analysing clinical documentation from two inpatient samples ($n = 20$), covering 2020–21 and 2021–22.

Results. Analysis of clinical documentation found three incidents from the 2020–21 sample and two from 2021–22; only one of these was reported via DATIX.

The survey captured the views of the ward team including nurses, healthcare assistants (HCAs), doctors and psychologists (response $n = 13$). Staff attitudes towards LGBTQ+ were rated as "positive" by 77% of responders and "neutral" by 23%; 100% stated it was their professional duty to respect and protect LGBTQ+ clients. Almost two-thirds (62%) had witnessed homophobia on the ward however a similar proportion (61%) had never directly challenged homophobia. Whilst all staff felt able to care for LGBTQ+ clients, and all were familiar with key LGBTQ+ terminology, only 50% felt they had received adequate training to fully support LGBTQ+ clients.

The focus group identified a nursing "lead" for LGBTQ+ issues and agreed to incorporate a "diversity statement" into ward admission rules. LGBTQ+ visibility measures were promoted including LGBTQ+ posters across the ward and staff uptake of the Rainbow Badge Initiative.

Conclusion. Our findings suggest homophobia is prevalent in the male inpatient psychiatric setting and management is suboptimal. Enhanced LGBTQ+ training is required to support staff to challenge every homophobic incident and escalate appropriately.

Simple steps to increase LGBTQ+ visibility are feasible and popular among staff. Future work should assess the impact of such interventions, however measuring change may be hampered by underreporting.

Further evaluations are needed to assess female wards and patient perspectives to build a full picture of inpatient LGBTQ+ abuse.

One Year On: Evaluation of the Cambridgeshire and Peterborough Staff Mental Health Service, a Bespoke Mental Health Clinic for Healthcare Workers

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Aims. The Staff Mental Health Service (SMHS) at the Cambridgeshire and Peterborough NHS Foundation Trust is a multidisciplinary team providing rapid access assessments and treatments to NHS staff in all roles. The service was launched in September 2020 and obtained recurrent funding in 2021. Previously we reported initial clinical findings from the service suggesting high rates of moderate to severe depression, anxiety,

and post-traumatic stress symptoms (Kaser et al. 2021). In this report, we present the clinical and demographic findings, and post-treatment outcomes from the first-year evaluation of the SMHS.

Methods. Demographic and clinical data were collected as part of service evaluation at the SMHS. Depression, anxiety, and post-traumatic stress symptoms were evaluated by Patient Health Questionnaire (PHQ-9), Generalised Anxiety Disorder Assessment (GAD-7), and Posttraumatic Symptom Checklist – Civilian Version (PCL-C). Non-parametric Wilcoxon rank test was used to compare pre- and post-treatment symptom scores.

Results. The service received 515 referrals in the first year. 39.6% of the patients were off work at the time of the referral. 81.2% patients were female and 75.3% were of white ethnicity. Median time from referral to assessment was 14 days. According to the clinical data ($n = 320$), 85.3% of the patients had moderate to severe depressive symptoms (mean PHQ-9: 16.25 ± 6.1), and 80.9% of the patients had moderate to severe levels of anxiety symptoms (mean GAD-7: 13.62 ± 4.7). Staff patients endorsed high levels of traumatic stress with 82.5% scoring higher than the established cut-off ($PCL-C > 14$) ($PCL-C$ mean score: 19.14 ± 5.7). Analyses from patients completing treatment at the service showed significant improvements in depression ($Z = -3.38$, $p = 0.001$), anxiety ($Z = -4.09$, $p < 0.001$), and PTSD symptoms ($Z = -4.99$, $p < 0.001$).

Conclusion. The Staff Mental Health Service had a persistent noticeable demand in its first year corresponding to two percent of the total workforce of the local trusts. Healthcare workers presenting to the service had high rates of moderate to severe depression, anxiety, and PTSD symptoms. Multidisciplinary treatment at the SMHS led to significant improvements in psychiatric symptoms. A health economics analysis of the service is currently underway.

Prevalence and Comparison of the Profile of Patients Who Did Not Attend (DNA) Their Appointments Through Face-Face, Pre-Pandemic vs. Telephonic Consultations, Pandemic at the Complex Care Service-South, Wolverhampton - a Service Evaluation

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Aims. Patients who do not attend the appointments (DNA) pose a significant financial burden on the health care system. During the COVID-19 pandemic, there has been a shift from face-face to telephonic consultations. Our hypothesis was that pandemic can affect the prevalence of profile of clients who DNA. With this background, the aim of the current service evaluation was to assess the prevalence and profile of patients who did not attend their appointments through face-face consultation and telephonic consultations at the Complex care service south [CCS-South], Wolverhampton over a period of one year.

Methods. Retrospective evaluation of records of DNA appointments at CCS- South, Wolverhampton of Face-face appointments during March 17th 2019- March 16th 2020 [Pre-pandemic group] and telephonic consultations during March 17th 2020 – March 16th 2021 [pandemic group] was done. Prevalence of DNA was