

delay in transfer reduced to an average of 10 days (range 5–11 days). The number of patients experiencing delay in transfer to prison of more than 2 weeks decreased from 100% to 0%.

**Conclusion.** In conclusion, the project shows that a simple intervention of introducing an agreement form prior to admission has reduced the delays in patients being discharged from PICU to prison. It has also improved the quality of care with additional information provided in the form. When we accepted an admission from prison outside our county, prior to admission, the out of area prison arranged for a local prison to sign the agreement to accept the patient on discharge from PICU. This has led to a closer working and effective communication between the PICU and the prison services.

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### The National Centre for Gaming Disorders – the Demographic Profile and Clinical Characteristics of Individuals Accessing Our Service

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**Aims.** Gaming Disorder (GD) was recognised in the addiction field by the International Statistical Classification of Diseases and Related Health Problems in 2018. The National Centre for Gaming Disorders (NCGD) is the first NHS clinic to accept referrals from adults and young people who are struggling with the characteristics of GD. The NCGD opened in 2019. Since then, we have received over 1,000 referrals from either gamers, their family members, or from parents seeking support. The team is multidisciplinary and led by Addiction Psychiatrists and Consultant Psychologists.

This service evaluation aims to understand the demographics, clinical characteristics, and gaming behaviours and trends of those with a GD who are accessing our service.

**Methods.** The data included in this service evaluation is based on 380 gamer referrals. Data was collected through our referral form.

**Results.** Demographics: The average age of gamers at referral was 19 years, with 60% of gamers aged between 13–18 years old. Male gamers represented 90% of the sample, with the remaining 10% made up of gamers identifying as female (9%), trans, or other. People who identify as White (British, Irish, or Other) represent 74% of referrals. The remaining 26% are from individuals who identify as Asian or Asian British, Mixed, Black or Black British, or of other ethnicities. Individuals based in London, or the South-East of England make up 60% of referrals. Comorbidities: 1 in 10 gamers had been formally diagnosed with a neurodevelopmental disorder at the time of referral. 1 in 8 gamers had an existing mental health condition. Gaming Trends: The three most popular games played were Fortnite, Minecraft, and Call of Duty. Our sample spent on average 10 hours per day gaming. In-game purchases were present in 17% of gamers. The average in-game expenditure at the point of

referral was £4,500. In our sample, 46% were aggressive and 30% were physically violent to family members when interrupted from gaming.

**Conclusion.** As of date, we have had 530 gamer referrals, and we are continuing to extract relevant information on the demographics and characteristics of individuals with a GD. Our data suggests that the typical gamer accessing our service is male, young, white, and from London. The most popular game played is Fortnite. A substantial proportion of our sample are aggressive or physically violent to family members when their gaming is interrupted, whilst others are at risk of spending thousands of pounds on in-game purchases.

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### West London Maternity Trauma and Loss Care Service 2022/2023 Evaluation

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**Aims.** The Maternity Trauma and Loss Care Service provides specialist care to women and birthing people who are affected by birth trauma, baby loss and severe fear of childbirth. The service has an integrated team of specialist midwives and psychological practitioners. This evaluation is the first, to our knowledge, to describe the challenges and successes of setting up a Maternal Mental Health Service as depicted in the NHS Long Term Plan.

**Methods.** The sample includes all women and birthing people who were referred to the service over the 12-month period from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

A mixed-methods design was used to explore and interpret the delivery of the service. Descriptive data was used to describe basic service information: client demographics, time from referral to assessment and numbers accessing treatment. Quantitative data from pre and post clinical measures to look at symptom change over the treatment period. Qualitative data to capture the experience of clients.

**Results.** The service received 254 referrals between April 2022 and March 2023. For primary referral reasons of accepted clients, 92 clients (50%) were referred due to perinatal trauma, 65 clients (35%) were referred for perinatal loss, 26 clients (14%) for Tokophobia and 2 were referred for other reasons (1%). Three quarters of referrals were accepted and 99 (53%) were pregnant at the time of referral. 53 clients (29%) were postnatal, 32 clients (17%) were post-loss and one was pre-conception.

Of the interventions offered, 49% were offered a midwifery intervention, 31% a psychology intervention and 18% were offered midwifery and psychology treatment. A small number attended groups. 36 clients referred during this 12-month period completed treatment.

PTSD Checklist for DSM-5 scores and Clinical Outcomes in Routine Evaluation scores indicate that service users experienced a reduction of symptoms between the start and end of treatment. There was an average reduction in scores on the PTSD-checklist of 17 and on the Clinical Outcomes in Routine Evaluation of 6.4. 17 clients completed the service satisfaction survey, all of which were positive about the service and its impact on wellbeing.

**Conclusion.** The Maternity Trauma and Loss Care service continues to fill the gap identified in the long-term plan providing a much needed integrated service to women and birthing people who experience trauma and loss on their reproductive journeys. Areas identified for service development include further developing a pathway for peer support and partners.

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## A Service Evaluation to Understand Factors Affecting Referrals to a Secondary Care Psychotherapy Department

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### Aims.

1. To evaluate sources and demographics of referrals to the Northwest Surrey Psychotherapy Service, a secondary care service covering Runnymede, Spelthorne, and Woking in Surrey, England. To compare these data with local population data to assess equality of access and whether any groups are underrepresented.
2. To evaluate what diagnoses are most frequent in those referred and the respective characteristics of those whose referrals are accepted for treatment and those who aren't.

**Methods.** A retrospective case note review using SystmOne of all patients referred to Psychotherapy between January 2021 and June 2021. Data were extracted by hand: demographics (age, gender, ethnicity, sexual orientation, marital status, employment status, dependents, caring responsibilities, disability, religion), diagnosis, source and outcome of referral. Reasons for referrals not progressing were correlated with current service inclusion/exclusion criteria. Demographics were compared with local population data available from ONS and Surrey County Council.

**Results.** Fifty-one people were referred, 10 (19.6%) males and 41 (80.4%) females.

Twenty-six (51%) referrals were accepted. Amongst those referred, depression  $n = 15$  (29%), post-traumatic stress disorder (PTSD)  $n = 15$  (29%) and emotionally unstable personality disorder (EUPD)  $n = 13$  (25%) were the most reported diagnoses. Persons with depression or EUPD were most frequently accepted for assessment and treatment. The most common reason for a referral not progressing was the patient experiencing active PTSD symptoms requiring prior stabilisation work  $n = 9$  (17%) or the patient not opting in  $n = 5$  (10%).

Referrals came from a range of sources, mostly general practitioners (GPs)  $n = 18$  (35%) and MindMatters (primary care talking therapies)  $n = 8$  (16%).

**Conclusion.** Males were underrepresented in referrals to Psychotherapy and reasons may vary. It may be beneficial for referrers to be more proactive in considering and recommending referring males for psychotherapeutic input. Other groups were not significantly underrepresented compared with local population data, including ethnic minorities and those with protected characteristics.

Psychotherapy services frequently declined those suffering acute symptoms of PTSD; there may be a need to educate

referrers that this is a likely exclusion criterion. Those who were declined on this basis were signposted to services offering stabilisation work, a positive finding in terms of our service facilitating access to ongoing care.

The sources of referrals suggest that GPs and MindMatters are important partners in identifying those needing psychotherapy services. Some referrals were inappropriate, and clearer referral criteria may be helpful. Some people declined assessments or treatment, which may indicate a need for more outreach or education on the potential benefits of psychotherapy services.

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## Prevalence of Cognitive and Mood-Related Symptoms in a Large Cohort of Perimenopausal and Menopausal Women

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**Aims.** Current NICE guidance (NG23) lists hot flushes and night sweats as the most common symptoms associated with the perimenopause and menopause. Consequently, many clinicians, and the public in general, often associate menopause primarily with vasomotor symptoms. However, psychological symptoms are also common in the perimenopause and menopause. Failure to recognise the link between menopause and mental ill-health means that many women are unable to access the support and treatment they need; women are often prescribed antidepressants and anxiolytics, but hormone replacement therapy (HRT) is more effective for symptoms rooted in hormone deficiency. The aim of this survey was to assess the prevalence of negative mood symptoms in peri- and post-menopausal women, and the response of mood symptoms to HRT.

**Methods.** We administered a modified version of the Greene Climacteric Symptom Questionnaire (Greene 1976) to all new patients attending the Newson Health Menopause and Wellbeing Clinic in Stratford-upon-Avon, between 1 November 2022 and 30 June 2023. Patients initiated on HRT were followed-up after 3 months and asked to complete the Symptom Questionnaire again. Data were collected from electronic health records and analysed using descriptive statistics.

**Results.** 978 women were included in the study. All patients were started on HRT. A third of patients (32%) of patients, were also started on transdermal testosterone. None of the patients discontinued their treatment during the study period. The five most prevalent symptoms were: feeling tired or lacking in energy (96%); memory problems (93%); difficulty in concentrating (91%); irritability (90%); and feeling tense or nervous (90%). Hot flushes and night sweats were much less prominent in this cohort, ranked at 18th and 14th place respectively. All symptoms improved after treatment with HRT +/- testosterone for 3 months. Overall, 'profound low mood' (loss of interest in all things) improved the most (69% improvement in symptom scores), followed by 'attacks of anxiety and panic' (61% improvement in symptom scores).

**Conclusion.** Understanding and recognising the common symptoms that women are likely to experience in the perimenopause and menopause is vital to reduce barriers to appropriate care. This study suggests that cognitive and mood-related symptoms