

'The kind of doctor I wanted to be.' A qualitative analysis of junior doctors' reasons for choosing to train in psychiatry and in Wales

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Aims. To understand the factors underpinning junior doctors' decision-making processes regarding their choice of psychiatry as a speciality, and why they chose to pursue specialty training in Wales.

Background. Over recent years there have been significant challenges in recruiting junior doctors into psychiatry specialty training, both within the UK and in Wales. To counter this a number of measures have been instituted, including advertising campaigns from the Royal College of Psychiatrists ('Choose Psychiatry') and Health Education and Improvement Wales (HEIW) ('Train Work Live'), together with financial incentives. To date there has been no published evaluation of the effectiveness of these measures.

Method. Two focus groups were run (in August 2019 and January 2020) with trainees appointed to new training posts in August 2019. The focus groups featured set questions acting as prompts for discussion. These focused on various factors behind making decisions to train in Psychiatry and choosing to train within HEIW. The focus groups were recorded and transcribed. Following this a thematic analysis was conducted to identify key elements arising from the discussions.

Result. The focus groups were attended by 14 trainees in total (eleven CT1s, four ST4s.) Living in Wales prior to appointment was the most common factor in leading participants to choose to train in Wales, jointly with having a support network (friends or family) in Wales (each present in 57%, n = 8.) Perceptions around a favourable work-life balance were also important (45%, n = 5.) Interactions with staff in an ambassadorial or support role were a significant driver, especially for international medical graduates. Financial incentives and advertising campaigns appeared to have limited influence over participants' decision-making, awareness of these being highest among those already working in psychiatry or in Wales.

Having a foundation year job with a psychiatry placement was a common theme in choosing psychiatry as a specialty (43%, n = 6.) Work-life balance of the specialty was also important (21%, n = 3.) Again, after these it was hard to identify coherent themes.

Conclusion. We identified three separate groups, namely CT1s, ST4s and international medical graduates, each with distinct themes underlying a range of needs. There was a broad range of factors underlying trainees' decisions which should be reflected when planning future recruitment strategies. It appeared that advertising campaigns and financial incentives were of limited influence.

Melatonin prescribing practices and the provision of sleep hygiene/parent-led sleep behavioural interventions in S-CAMHS, Aneurin Bevan University Health Board (ABUHB)- Service evaluation as part of quality improvement project

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Aims. To identify the number of patients currently on melatonin

To determine the average duration of use of melatonin in patients under the care of S-CAMHS in ABUHB

To investigate whether behaviour interventions were tried and reinforced from time to time

To identify any areas of improvement

Method. Data were collected at St. Cadoc's hospital, in January, 2021. S-CAMHS database was used. Out of total 346 patient currently being managed with pharmacological therapies, 115 (33.2%) are currently on melatonin. 57/115 were randomly selected as a sample for this project. Patient notes and EPEX software were also used to collect information regarding the sleep management practices.

Result. During analysis, it was noticed that within the sample, only 46 patients were actively on melatonin. Melatonin is prescribed for sleep related issues in ASD (8/46), ADHD (15/46), ASD and ADHD (10/46), ADHD and mood disorder (0/46), ASD and mood disorder (6/46), ADHD and behaviour difficulties (2/46), ASD with behaviour difficulties (1/46), mood disorder (4/46).

39/46 patients are currently on melatonin for more than a year (85%). These patients also include 10 patients who have been using melatonin for 5 years or more.

35 patients (76%) reported improved sleep or some benefit from melatonin.

Evidence for implementation of parent-led sleep behavioural interventions:

Prior to commencing melatonin- Clear evidence available for 35 patients only (76%). These interventions were however not deemed helpful by most of the service users.

While prescribing melatonin- Clear evidence available for 39 (85%) patients. Evidence base for melatonin was also discussed during this visit.

During last follow-up visit- Evidence available for 31 patients only (67%).

Conclusion. Majority of patients under S-CAMHS ABUHB remain on melatonin therapy for longer than one year. Most of these patients have reported benefit from this therapy and preferred to remain on it despite being informed about evidence base for melatonin. Also, there is evidence for implementation of sleep behavioural interventions prior to prescribing melatonin, however their benefit remains unclear.

Recommendations:

The quality of education on sleep hygiene offered should be assessed and improved if needed

Formal group sessions/workshops on sleep hygiene/parent-led sleep behavioural interventions at regular intervals might be useful in reducing the chances of long term polypharmacy or unlicensed drugs

Use of outcome measures such as Child Sleep Habits Questionnaire at intervals can be helpful in identifying any improvement from educational/pharmacological interventions

S-CAMHS database (for patients actively on medications) needs a review and update

Audit of physical health monitoring on admission to Mill Lodge (CAMHS Inpatient Unit, York)

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Aims. This audit aimed to evaluate the standard of initial physical health assessment that young people receive on admission to Mill Lodge.

Adherence to recommendation 2.6.3 of the service specification for Tier 4 CAMHS was assessed. Standard 2.6.3 of the service specification for Tier 4 child and adolescent mental health services states that “on admission all young people must have an initial assessment (including a risk assessment) and care-plan completed within 24 hours. Where admission is for day/in-patient care this will include a physical examination.” In line with this standard this audit will evaluate the use of physical examination, baseline blood tests and ECG carried out on young people.

Background. Mental health problems in children and young people are associated with both short- and long-term physical health problems. It is therefore important that they undergo full physical health assessment on admission to a Tier 4 inpatient unit.

Method. Electronic records were reviewed for all patients admitted within a 6 months period, between 1st August 2018 and 1st February 2019. Data were collected in March 2019 and entered directly into an excel spread sheet designed for data collection. A total of 23 patients were identified for inclusion in this audit.

Simple statistical analysis was carried out using excel.

Result. Over 80% of patients who did not refuse had a completed physical examination (85%), blood results recorded (82%) and ECG (84%) within the first 24 hours of their admission. 100% of patients who did not refuse had bloods and ECG checked at some time during their admission, with 90% having a physical examination.

For several patients (3 physical examination, 2 bloods, 3 ECG), no reason was documented as to why the procedure or examination did not take place. For 1 patient, blood tests were delayed due to having no blood tubes available.

Conclusion. Taken into account the result of this audit and bearing in mind the importance of physical examination as part of the admission process, it is important to try and support both regular Mill Lodge staff and on-call junior doctors to follow Standard 2.6.3's guidance around physical examination on admission to hospital. While good results were seen in many areas, the ward is not yet achieving the standard of 100%. A re-audit will take place in twelve months' time to review recommendation and compliance.

Appropriateness of referrals to Whiston hospital Mental Health Liaison Services

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Aims. 1. The aim of this study was to assess the appropriateness of referrals to Whiston Mental Health Liaison Services (WMHLS) according to Royal College of Psychiatrists and local trust guidelines.

2. To assess whether the referrals were being reviewed in timely manner as per the trust's guidelines.

Method. Data collection was completed using a proforma to ensure uniform data collection. The proforma included information on patient demographics, previous mental health service involvement, other details like reasons and time of referral and their outcomes. Data sample comprised of 46 patients who had been referred to the WMHLS in the month of August 2019 were randomly selected.

Result. 44 of the 46 referrals analyzed were found to be appropriate. 40 patients were deemed to have appropriate documentation. The ratio of males to females was 20:26. 21 referrals were from the

observation ward, 14 from A&E, and 11 from medical wards. 40 patients were previously known to mental health services. The reasons for referral ranged from suicidal ideation/attempt (48%), Drug related (12%), Assessment (7%) and more. There were various outcomes recorded. One of them was that 18 (28%) referrals were assessed for Depression and for other mental health problems.

78.6% of patients referred from A&E, and 95.2% of patients in the observation ward, were not seen in the 1 hour window set out by the Trust's guidelines. 91.1% of patients referred from the wards were seen within the 24 hour target.

Conclusion. The vast majority of referrals were found to be appropriate (44/46). It was found that the referral form used across the Trust, contained different levels of details and information on the patient depending on the source of referral. Using a standard process to complete referral forms to be used across the whole trust may ensure that all patients receive a standardized and appropriate referral based on the guidelines. Making the form electronic may reduce problems deciphering handwriting, and could allow WMHLS have a better understanding of the patient, and allow them to identify a patient that may be more appropriate for another service, e.g. drugs and alcohol team. This may and make the overall referral process quicker and reduce waiting times in A&E, as well as faster referrals to the appropriate services.

Audit of delays in the diversion of mentally disordered defendants under the Mental Health Act 1983/2007 at a liaison and diversion service in North West London

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Aims. To ascertain the length of time defendants wait for a Mental Health Act assessment (MHAA) and where necessary, how long they are waiting for a hospital bed.

Background. The Liaison and Diversion Service in North West London (the Service) is provided by Central North West London Foundation NHS Trust (CNWL), Barnet Enfield Haringey (BEH) and Together to Willesden Magistrates Court in North West London.

One of the core activities of the Service is diverting individuals from the criminal justice system to hospital under the Mental Health Act (MHA).

The Code of Practice allows for a period of 14 days between the medical recommendation and conveyance to hospital. Defendants needing admission under MHA are remanded to custody if a bed is not available. This prevents them from receiving the assessment and care they need. We consider that all defendants found to be liable to detention under the MHA should be admitted to a hospital bed on the same day.

Method. Data were collected between October 2018 and February 2019. All patients referred for a MHAA were included. The time a MHAA was requested, took place as well as how long the defendant waited for a bed was noted.

Result. A total of 42 MHAA were requested. 25 individuals were detained under Section 2 of the MHA 1983.

The time between referral for a MHAA and the MHAA taking place was obtained in 25 of the 42 referrals. The range of times