

various psychiatric disorders, due to the virus brain tropism and associated psychosocial factors. However, there are still limited data regarding the psychiatric needs and mental health care of these patients. The present study seeks to evaluate the changes in liaison psychiatry, patients' characteristics and outcomes, brought on by SARS-CoV-2.

Method. We retrospectively analyzed liaison psychiatry patients' characteristics during the second wave of COVID-19 pandemic, between October and December 2020, in comparison with the same trimester pre-COVID-19 in 2019.

Result. At admission to hospital, we found no differences between liaison psychiatry pre-COVID-19 (n = 96) and COVID-19 period (n = 114) groups, for age (p = 0.35), gender (p = 0.96), or hospital resource utilization in the previous year : number of hospital admissions (p = .40), Accident and Emergency presentations (p = 0.61), outpatients clinics (p = 0.20). There was, however, a significant association between pre-COVID-19 vs COVID-19 period groups and psychiatric diagnosis during hospitalization ($X^2(5) = 11.56$, p = 0.04), influencing overall respective rates of delirium/dementias (29.2 vs 42.1 %), mood disorders (18.8 vs 26.3 %), anxiety and stress related disorders (22.9 vs 14.0 %), psychoactive substance use disorders (12.5 Vs 9.6 %) and psychotic disorders (10.4 vs 2.6 %). Mortality rate in pre-COVID-19 Vs COVID-19 period increased from 5.2 % to 15.8 % ($X^2(1) = 5.98$, p = 0.01), mostly due to increased mortality in COVID-19 patients (7.3 vs 30.3 %, p < 0.001). Referrals to liaison psychiatry increased by 18.8 % during the COVID-19 period, 28.8 % of referred patients were positive for SARS-CoV-2 and time to referral was positively correlated with hospital length of stay (p = 0.60, p < 0.001). In the COVID-19 period, fewer patients were referred to outpatient psychiatric follow-up after discharge from hospital (p < 0.001), and delayed discharges for social reasons were of shorter duration (p = 0.001).

Conclusion. Our findings are consistent with emerging data on comorbid or superimposed mental illness in hospitalized patients with COVID-19, showing a strong impact in neuropsychiatric manifestations, clinical prognosis and mortality, as well as clinical management. Consideration should also be given to adequate staffing of psychiatry liaison services during the pandemic, in order to attend and safely manage general hospital inpatients mental health needs.

Physical health of patients under EIP - a service evaluation

Anu Priya^{1*}, Keerthan Dhanasekar², James Hill-Cousins², Mudasar Aziz², Osama Suleiman², Katherine Mills² and Megan Lloyd²

¹Bassetlaw Mental Health Services and ²Sheffield University

*Corresponding author.

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Aims. The aim of the project was to get a baseline of the number of patients who have had blood tests, ECG and physical health observations completed in the past 12 months.

Method. There are 30 patients under Early Intervention in Psychosis team at Bassetlaw Hospital, Nottinghamshire. The electronic notes and blood reporting system were checked for each of the patients, to get the data on blood test results, ECG reports and Physical health (Blood pressure, heart rate and weight).

Result. It was noted that 19/30 patients had Blood tests completed, 14/30 had ECG completed and 19/30 had physical health checks completed. All these patients except one were on anti-psychotic medications.

Conclusion. Further work is still required in getting 100% results for all these different variables. This may include the need to review the process of how we engage the patients for physical healthcare checks. With the inclusion of a physical healthcare worker now, we might be able to improve results. Hence this evaluation would be redone in a years' time.

Balint style case-based discussion group for medical students in Bassetlaw Hospital

Anu Priya* and Hardev Bhogal

Bassetlaw Mental Health Services

*Corresponding author.

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Aims. To evaluate feedback from Balint style case based discussion groups and to reflect on learning points.

We have three medical students from Sheffield University on six week psychiatry placements at Bassetlaw Hospital and we get eighteen students in a year. In order to further develop their approach towards reflection and their understanding towards the doctor patient relationship we developed the Balint style case based discussion group, and each group of students attend three sessions during their placement.

Method. The groups are held on a weekly basis and consist of the three medical students and 1-2 facilitators. As the group is small one of the facilitators may participate with the students for the Balint process and to help encourage the students. Following completion of the third session of the discussion group we gain written feedback from the students. A total of 17 feedbacks have been reviewed over the period of November 2018 -November 2019.

Result. 16 students stated that this was their first experience at Balint Group and all except one student felt that they were given a good introduction about Balint groups before starting. When asked about the most significant thing that they have learnt in the group, the majority of students marked reflecting feelings to improve relationships with patients, exploring why they feel a certain way with patients and that the doctor patient relationship can affect the consultation.

One student stated that they would not recommend it to colleagues as they felt it was relevant more to doctors rather than medical students. Another student recommended having more people in a group.

Conclusion. Overall, it has been a positive experience with the medical students during the groups and with feedbacks. We have reflected on difficult topics like bereavement, fantasized about the purpose of a patient's delusion and shared the joy of a patient who was discharged after a long stay. While we think we have been able to teach the students some tips on reflection, we ourselves have been able to reflect on certain topics we would not have if not raised by the students. Some medical students have contacted the larger Balint Group in Sheffield for further sessions. Considering our experience, we will continue with the sessions at Bassetlaw Hospital.

Adult ADHD clinics in north Wales - case load prevalence & compliance with nice guidelines (quality evaluation project)

Jawad Raja^{1*}, Zeenish Azhar² and Alberto Salmoiraghi³

¹ST6 GA Trainee Betsi Cadwaladr University Health Board; ²CT3 Trainee Betsi Cadwaladr University Health Board and ³Medical Director Betsi Cadwaladr University Health Board

*Corresponding author.

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