

Review of notes indicate that patient is still within primary care 6-12 months post discharge

Employment

A jump of 16% in employment. At start of EIT input only 40% had employment and at point of discharge 56% of sample had employment

Inpatient admission

Admissions whilst under the service were seen in 54% patients in total; out of this number just over half (55%) were admitted to inpatient unit only once

Smoking and Substance misuse

Only 24% were known smokers at discharge; 6% were misusing multiple substances including smoking, alcohol, cannabis and cocaine at the time of discharge

Physical health and metabolic syndrome

Only 2% had diagnosed hyperlipidaemia at discharge

Conclusion. Early Intervention in Psychosis input lead to good symptom control and resolution of psychosis leading to higher rates of discharge to primary care alongside improved physical health substance misuse employment outcomes.

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.

Awareness of Fitness to Drive Guidance Amongst Doctors in Black Country Healthcare NHS Foundation Trust : A Survey

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Aims. Psychiatric patients have a higher risk of road traffic accidents than others. The Driver and Vehicle Licensing Agency (DVLA) has provided guidance on different psychiatric conditions and medication that would impact driving. The General Medical Council and Royal College of Psychiatrists advice doctors to notify the DVLA when patients unfit to drive fail to inform the DVLA themselves. In this context, it was aimed to study the awareness of doctors regarding DVLA guidance and its use in their clinical practice.

Methods. We conducted a survey about doctors' awareness of guidance on Fitness to Drive via an online questionnaire. Likert type scoring ranging from strongly agree to strongly disagree was used to assess the (i) awareness of DVLA guidance for psychiatric patients, (ii) confidence in advising patients, (iii) feeling it is a job requirement to advise patients on driving; and (iv) checking the driving status and if patients have informed DVLA where necessary. This included questions on years of experience in medicine, current grade and subspecialty of Psychiatry.

Results. The sample consisted of 78 doctors, from various grades from Foundation Year 1 trainees to Consultants; working in different Subspecialties in Psychiatry. There were 36 trainees, 12 middle grades, 28 consultants and 2 'other' doctors. The average year of experience of the responding doctors was 14.2±11.0 years with a range of 1-38 years.

Majority (62.8%) of doctors responded that they are aware of the DVLA guidance for psychiatric patients; however 47.5%

reported having confidence to advise patients on DVLA guidelines. Considerable proportions (79.5%) of doctors felt that as psychiatrists, it was their job to give advice on driving; but only 50% said they check the driving status and whether patients have informed the DVLA when necessary as part of routine practice.

When using the Likert scale, comparing to other subspecialties, General Adult Psychiatrists responded that they check driving status less routinely ($p<0.05$), however there was no difference in other areas evaluated. Trainees' responses indicated less awareness ($p<0.001$), confidence ($p<0.001$), and checking of driving related issues routinely in clinical practice ($p<0.005$).

Conclusion. The survey results suggest variation in awareness of Fitness to drive guidance for psychiatric patients and their use in routine clinical practice amongst doctors. While trainees would need more information and training to increase their confidence, there is a need for all psychiatrists to use the guidelines in regular clinical practice.

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A Service Evaluation of Referrals to Sheffield Community Child and Adolescent Mental Health Services (CAMHS) by Ethnicity and Areas of Deprivation

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Aims. To investigate disparities in the number and outcome of referrals to Sheffield Community Child and Adolescent Mental Health Services from different ethnic groups and areas of deprivation

Methods. The authors reviewed the the 2021 census data for Sheffield and grouped Sheffield into 3 areas of deprivation (low, medium, and high) based on Index of Multiple Deprivation (IMD 2019 Rank).

Reasons and outcome of referrals to Sheffield Community CAMHS for the months of March and April 2022 were analysed by ethnicity and deprivation,

Results. Our study shows that, compared to their white counterpart, Black and Asian children and young people (CYP) were markedly under-represented in CAMHS referrals, whilst CYP of mixed ethnicities were over-represented. Of this group, Asian and mixed ethnicity CYP were less likely to have referrals accepted. Similarly, CYP from areas of high deprivation were also less likely to be accepted into the community CAMHS service. While anxiety was the most common reason for referral, CYP from areas of high deprivation were 3 times more likely to be referred for behavioural difficulties than CYP from areas of low deprivation.

Conclusion. Our study highlighted that black ethnicities are disproportionately underrepresented in CAMHS referrals. Furthermore, children and young people from an Asian background are not only underrepresented in the number of referrals but also in the proportion of referrals accepted. Similarly, it is reported that CYP from deprived backgrounds are more likely