



of physical health considerations (36%) and crisis planning (20%). 15% of letters did not have a clear 'Care Plan' subheading.

Conclusion: Care plans at Sandwell CAHMS do not currently fully comply with local guidelines across 5 criteria. Although care plans are by nature individualised, and hence subjective, we suggest implementing a standardised template for clinic letters that doctors could adjust according to the patient context. A specific subtitled section 'Care Plan' would help to make information clearer for the patient and other healthcare professionals. Local crisis contacts and safety netting information could be included as standard on every clinic letter. Re-audit following implementation of these recommendations will complete the audit cycle.

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Re-Audit of Use of Psychotropic Medication in Children and Adolescents Attending Barnet's Service for Children and Adolescents With Neurodevelopmental Disorders (SCAN) Team

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Aims: This re-audit assessed whether Barnet's Service for Children and Adolescents with Neurodevelopmental disorders (SCAN) prescribing practices are in line with the National Institute for Care and Excellence (NICE) guidelines and the "Stopping Overuse of Medication in People with Learning Disability, Autism or both" (STOMP) and "Supporting Treatment and Appropriate Medication in Paediatrics" (STAMP) pledge. It also looked at whether psychotropic prescribing practices changed following the introduction of Positive Behavioural Support (PBS) Workshops in SCAN.

Methods: The sample consisted of 161 patients attending Barnet SCAN, Holly Oak Unit in Edgware Hospital as from January 2025. Electronic Patient Records via Rio were reviewed with data gathered on presence of LD and/or neurodevelopmental disorder, comorbid mental illness, documented use of therapeutic interventions and psychotropic medication prescribed.

Results: 88 out of 161 children and adolescents (55%) were on psychiatric medication. 48 of the children on psychotropic medication (55%) had a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), whilst 68 had a diagnosis of Autism Spectrum Disorder (ASD) (77%). 40 children (45%) had a diagnosis of both ADHD and ASD.

The number of clients offered therapeutic interventions increased from 50% to 91%. There was a higher number of young people prescribed psychotropics despite a rise in nonpharmacological interventions (19% in 2020 vs 24%).

Conclusion: The rise in use of psychotropic medication could be secondary to the increasing acuity and complexity of cases presenting to the SCAN team post COVID pandemic. The initial audit took place during lockdown, during which fewer cases were being seen by mental health services. COVID-19 had a profound negative impact on children's mental health, behaviour, social skills and learning overall.

SCAN is working on pursuing further training in other therapeutic modalities including the 'Intensive Interaction'

Course. SCAN will also continue promoting PBS through parenting programmes, individual sessions and psychoeducation.

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Audit of Current Practise of Transfer of Care From Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) in Devon Partnership NHS Trust

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Aims: The transfer of care from CAMHS to AMHS is often poorly managed which is distressing for young people and their families. The implications of poor transition include disengagement from services and deterioration in young people's mental health.

In Devon Partnership NHS Trust (DPT) the transfer of care standard operating procedure (SOP) outlines 8 core standards of transition including clarification of clinical responsibilities, proposed timelines for task completion and documentation requirements. This audit compared DPT patient data against these core standards.

We aimed for 100% compliance between current practice in the transfer of care of patients from CAMHS to AMHS in North Devon and the recommended practice laid out in DPT's SOP.

Methods: Data was collected via retrospective review of electronic patient notes of 51 young people aged 18–25 years old that presented to North Devon Liaison or Home Treatment Teams between 01/05/2024–01/08/2024.

28 participants (55% of the original cohort) were formerly known to CAMHS. 12 participants (43% of the former CAMHS sub-cohort) underwent transfer of care to AMHS. Data was collected on these 12 participants comparing case notes to SOP transition standards.

Results: There were evident strengths of current transition practices demonstrated by 100% of CAMHS specialist service users at the time of transition securing AMHS input and 57% of those referred for transition were issued a care plan with a defined exit from CAMHS.

Weaker areas included only 14% of young people receiving explanation as to why services could not be offered and only 14% were allocated a doctor with medical responsibility on transfer. There was a disappointing lack of collaboration between services as only 29% had a documented joint meeting between CAMHS and AMHS.

Conclusion: There is certainly room for improvement in current transfer of care practices in DPT. Hopefully this audit generates discussions and reconsideration of current practices to initiate change at which point a re-audit could be conducted. Ultimately it is hoped to improve the level of care for young people at a vulnerable time of change in their care provision between CAMHS and AMHS.

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