



83% had their weight measured in the last 6 months, 76.5% had their pulse measured and 64% had their blood pressure measured.

Conclusion: This audit suggests that the rate of ID and ADHD in our clinical sample is higher than the estimated population prevalence. This will have implications for service development and training requirements, meaning that clear pathways will need to be established, with available resources and adequate monitoring in place to ensure the needs of our patient group are being met, and current NICE guidance is adhered to.

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Bridging the Gap: Early Identification of Mental Health Needs in Paediatric Inpatients

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doi: [10.1192/bjo.2025.10676](https://doi.org/10.1192/bjo.2025.10676)

Aims: Paediatric inpatients often face both physical and mental health challenges, yet the extent of their mental health needs may not always be recognised. At the Royal London Hospital (RLH), we observed a high prevalence of mental health distress among paediatric inpatients, with many scoring above the distress threshold on the Strengths and Difficulties Questionnaire (SDQ), a validated screening tool for emotional and behavioural difficulties. We aimed to assess the prevalence of undiagnosed mental health concerns in paediatric inpatients using the SDQ, hypothesising that 80% would exhibit elevated distress scores, indicating potential unmet mental health needs.

Methods: Between 25 November and 22 December 2024, SDQs were administered to all paediatric inpatients across four wards, using parent or self-rated formats (depending on the child's age and ability). Exclusion criteria included children already receiving mental health support or those not fluent in English or Tamil. Of 62 families approached, 49 (79%) participated, with 43 included in the analysis after excluding incomplete forms. Reasons for declining participation included language barriers (5), fatigue/stress (7), and perceived irrelevance of the study (1).

Results: Of the completed SDQs, 74% of children showed elevated scores in one or more categories, with 28% having a high Total Difficulties Score. Parent-reported data identified emotional (39.3%) and peer difficulties (39.5%) as the most prevalent concerns, while self-reports revealed that 59.9% of children reported greater difficulty in prosocial behaviour. Notably, discrepancies were observed in seven children, who reported higher difficulty scores than their parents.

Conclusion: The high prevalence of elevated scores across multiple domains suggests that a significant proportion of paediatric inpatients at RLH have unmet mental health needs. Discrepancies between parent and child reports highlight the value of incorporating multiple perspectives in assessments. The proportion of families declining participation underscores barriers to engaging in mental health screening. Routine, systematic screening during admissions

could help normalise assessments and improve access to timely support.

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Paper in an Electronic World – the Utility of an Integrated Treatment Booklet for the Safe Provision of Electroconvulsive Therapy (ECT) in a Regional Australian Mental Health Service (MHS)

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doi: [10.1192/bjo.2025.10677](https://doi.org/10.1192/bjo.2025.10677)

Aims: It is incumbent upon psychiatrists to manage cognitive and physical health sequelae during a course of ECT. Monitoring post-seizure orientation and the stability of Montreal Cognitive Assessments (MoCAs) over time allows for dynamic changes to modality, frequency and energy settings in order to minimise side effects. Our service hypothesised that disparate electronic forms actually hindered this process and therefore conducted an audit.

An integrated paper-based treatment booklet for use within the ECT suite, with all forms bound together, was piloted as the quality improvement intervention. A new post-seizure orientation tool was also used.

Methods: The setting was South West Healthcare (SWH), Warrnambool, Australia. Standards were set a priori according to ECT guidelines from the Victorian Office of the Chief Psychiatrist and the Royal Australian and New Zealand College of Psychiatrists, with 80% compliance targeted. At a minimum, patients needed baseline bloods (full blood count; urea/electrolytes/creatinine), electrocardiograph, physical examination and MoCA, then physical/MoCA after every third treatment. Furthermore, a comment on orientation in the recovery suite after each treatment was required to meet standard.

Files were selected by 26/06/23 (cut-off date), capturing all ECT patients in the 6 months prior. 15 patients were identified, a combination of acute/completed and acute-continuation/maintenance ECT. Records, both paper and electronic, were audited against standards over 4 consecutive weeks by the authors. After the results were reviewed, the integrated treatment booklet (designed by the lead author) and post-ECT orientation questionnaire (licensed from the University of New South Wales) were introduced into clinical practice.

The audit cycle was completed a year later, with files selected by 30/08/24, capped at 20 patients and capturing all those who had had ECT since the pilot began.

Results: The baseline standard during the initial audit was generally met: bloods (79%), ECG (86%), physical (64%), MoCA (86%). However, the standard was not achieved once ECT commenced: physicals every 3rd treatment (60%), MoCAs (49%). Orientation status was documented in 90% of treatments.

During the post-intervention re-audit, compliance had vastly improved: baseline bloods, ECG, physical and MoCAs (100%); objective orientation scores (99%); ongoing physicals (76%)/MoCAs (72%).

Conclusion: Whilst not quite reaching the 80% compliance target overall, the integrated treatment booklet, with monitoring of re-orientation, significantly improved the cognitive/physical health tracking of patients undergoing ECT at SWH. With further operational change, full compliance is anticipated in the future. Returning to paper was universally supported by psychiatrists and managers, with clinical utility demonstrated within the ECT suite.

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An Internet Access Survey for People With Learning Disabilities in Wandsworth, London

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doi: [10.1192/bjo.2025.10678](https://doi.org/10.1192/bjo.2025.10678)

Aims: Research from the 2000s onward reveals significant digital access disparities for people with learning disabilities (LD). These individuals often have lower rates of computer ownership, internet use, and digital skills compared with their non-disabled peers. The situation is more pronounced for those with co-existing mental health conditions, leaving them further excluded from digital rights. Few studies have explored the reasons behind this digital divide or proposed solutions to improve internet access.

The study was aimed at gaining insight into the internet access and use of social media in patients with a Learning Disability in Wandsworth.

Methods: A retrospective cohort study was conducted involving fifty clients from the Psychiatry caseload of Wandsworth Mental Health and Learning Disability Team. The clients, selected randomly, had a range of intellectual disabilities and lived in different settings (e.g. with parents, independent housing with carers, or nursing homes). Data was gathered via an accessible paper survey between August 2024 and February 2025. Doctors filled out the forms in the presence of the clients or their carers to reduce recall bias. The survey collected demographic data and explored internet access, usage, and social media habits. It also included questions on internet safety and barriers to use. Chi-square tests were used to analyse relationships between variables.

Results: The study found that a significant number of clients had internet access. Most clients used the internet to watch videos on platforms like YouTube or Google, while some played online games. A smaller number used social media platforms, including Facebook, Instagram, and TikTok. However, many clients had limited understanding on cyber-safety and were unaware of accessibility features for those with visual or hearing impairments. Concerns were raised for a small group of clients who had shared personal or vulnerable information on social media. Thematic analysis identified four main barriers to digital inclusion: lack of access to devices, insufficient support from carers, lack of training, and physical/cognitive challenges.

Conclusion: The growing use of social media among individuals with intellectual disabilities highlights the need for targeted internet safety training. Without proper guidance, clients are at risk of online exploitation. In response, a one-day workshop on internet safety was organized with input from speech therapists, psychologists, and IT

professionals. Feedback from participants will help assess the effectiveness of the training. The goal is to expand the study to other teams within Southwest London Trust and explore more objective data, such as device usage logs, alongside self-reported information.

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An Audit of the Mental Health Admissions to the Paediatric Assessment Unit (PAU) in the Royal Aberdeen Childrens Hospital (RACH)

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doi: [10.1192/bjo.2025.10679](https://doi.org/10.1192/bjo.2025.10679)

Aims: To determine the number of mental health admissions to the Paediatric Assessment Unit in the Royal Aberdeen Childrens Hospital to provide a basis for implementing improvements to our knowledge and staffing so that we can provide a higher quality service for this group of patients.

Methods: Data was collected from 1 June 2023 to 31 May 2024. This period was used as any patient notes prior to 1 June 2023 were documented on paper, thus improving accuracy and consistency in collection method. Mental health admissions also included place of safety. Each patient who was admitted to PAU under these presenting complaints was noted from the nursing staff's admissions book and the relevant information was then collected from medical notes on the online system 'Trakcare'.

Results: There were 4898 admissions to PAU from 1 June 2023 to 31 May 2024. 98 of these admissions were due to mental health. This was 2% of the total admissions to PAU. 38% of patients had a pre-existing mental health diagnosis. The most common presentation was mixed overdose with paracetamol-only overdose being the second most common. The average time spent in PAU was 2.1 days which ranged from 1 day to 20 days. 87% of patients received a psychiatry review from either CAMHS or liaison psychiatry. Of the 98 patients who were admitted, 27% required treatment for paracetamol overdose and 7% required treatment and/or monitoring for anorexia. The remaining patients either received observation only with or without monitoring of vital signs. No patients required emergency psychiatric medications, such as antipsychotics or sedation. 75% of patients were followed up by CAMHS, 3% were admitted and 22% received no follow-up.

Conclusion: Mental health accounts for 2% of PAU admissions and can have prolonged stays – up to 20 days found in the audited year. In line with the RCPCH, paediatricians are to have a role in prevention, early recognition and holistic care of mental illness to help with the growing demand in young adults and children. This audit highlights the growing demand of mental health and why health professionals within paediatrics need to develop the experience and confidence to help manage these patients.

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