functional status, and incidents were obtained retrospectively from the trust’s online records.

**Results.** The unit received more female admissions prior to lockdown (60.4% vs 47.8%). Approximately 30% of adolescents in the pre-COVID-19 group were not in education whereas those admitted during COVID-19 were all receiving education. More of the pre-COVID-19 group attended school than college and more of the COVID-19 group were employed, consistent with a lower mean age of admission in the former group. Most of the COVID-19 admissions were local and none were out of area. Young people were also more likely to be looked after by their parents during COVID-19 (82.6%) and none were taken care of by their relatives.

Pre-COVID019 admissions were discharged sooner than their counterparts, which had 13% of admissions between 6–9 months. Both cohorts had mainly informal admissions due to risk to self. Most of the COVID-19 admissions were due to anxiety, followed by self-harm while the majority of pre-COVID-19 admissions were due to depression and PTSD. 43% of the COVID-19 admissions had at least one comorbid diagnosis, notably depression. More adolescents in the COVID-19 cohort were not started on any psychiatric medication during and after admission.

The mean number of incidents were two times higher in the COVID-19 group; self-harm was the most common reason. There was more violence towards staff during lockdown. However, absconding, possession of contraband items, and staff error were higher in the pre-COVID-19 group.

**Conclusion.** The introduction of COVID-19 restrictions was associated with a change in both the frequency and nature of inpatient admissions to this ward. Less young people were admitted during COVID-19, more frequently with anxiety as the primary reason and stayed for longer. Although the pre-COVID-19 group received more psychiatric medication, it is unclear if this contributed to a better functional status overall. This service evaluation also demonstrated the impact of COVID-19 on young people’s mental health and life circumstances. An exploration of these trends in other units across the country would increase the generalisability of results.

---

**Identifying Gaps for Service Provision in Children and Young People With Learning Disability and Challenging Behaviours And/or Mental Health Needs**

Dr Nu Nu Yi Ms Joanne Watkins, Dr Colin Welch*, Dr Zak Chowdhury and Mr Sam Illiaee North East London NHS Foundation Trust, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.420

**Aims.** Children and adolescents with learning disability need multi-disciplinary input when they present with challenging behaviours or mental health disorders. This patient group needs specialist skills from the clinicians and professionals to support and meet their needs. There is no commissioned Child and Adolescent Learning Disability Mental Health Service (CAMHS) in Waltham Forest and support comes from Specialist Tier 3 generic CAMHS which comprises of Emotional Difficulties Pathway, Neurodevelopmental Disorders Pathway and recently developed Behaviour Pathway which mostly comprises of specialist parenting training/interventions. To identify gaps in service provision for children and young people with learning disability presenting with challenging behaviours and/or mental health needs in Waltham Forest as there is no formally funded CAMHS learning disability service in the locality.

**Methods.** All children and young people under 18 with learning disability under Waltham Forest CAMHS with ASD/ADHD and other neurodevelopmental disorders who meet the project criteria are included. Project criteria include 1) Main diagnosis of Learning Disability (Including clients with Learning difficulty (global), likely to have low IQ with cognitive impairment.), with or without associated other Neurodevelopmental disorders (e.g., ASD, ADHD or tics) or other mental health disorders and 2)