‘At Risk Mental State’: An Audit of Tier 3 Clinical Standards

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Aims: The At-Risk Mental State (ARMS), an attenuated psychotic syndrome, represents a critical period of vulnerability for the development of psychosis. Early identification and evidence-based intervention are crucial to reducing distress, improving long-term outcomes and public health costs. There are clear recommendations stated by National Institute for Health and Care Excellence (NICE) for the optimal management of ARMS in children and young people including early identification, access to psychological therapy and care co-ordination. Baseline audit data collected from Tier 3 teams within South West London and St George’s NHS Mental Health Trust (SWLSTG) highlighted significant variation in clinicians’ confidence and knowledge about ARMS, notably its identification criteria and optimal management. This audit sought to enhance clinician expertise of “At Risk Mental State” (ARMS) within Tier 3 Child and Adolescent Mental Health Services (CAMHS).

Methods: An educational intervention was developed to address the identified knowledge gaps. This included a 30-minute didactic teaching seminar covering ARMS diagnostic criteria, clinical challenges, and management guidelines, delivered during the CPD slot for four multidisciplinary teams across SWLSTG. Key topics included the Comprehensive Assessment of At-Risk Mental States (CAARMS), the role of psychological and family interventions, and current NHS England guidelines that included discouraging antipsychotic use in ARMS management.

Results: Post-intervention analysis showed improved clinician confidence in both ARMS identification and management. However, all participants indicated a need for additional support. Proposed ideas included specialist training (e.g. CBT for Psychosis and Family Interventions for Psychosis), access to validated assessment tools, appropriate funding for care co-ordination and/or the establishment of a dedicated ARMS service. Qualitative feedback also emphasised the diagnostic difficulty in this population and sociodemographic bias when identifying ARMS within CAMHS settings, highlighting the need for a public health approach to prevention of psychosis.

Conclusion: This project illustrates the effectiveness of a simple targeted educational initiative in improving ARMS-related competencies among Tier 3 CAMHS clinicians. It also highlights the importance of integrating structured tools and specialised pathways to optimise care for individuals at high risk of psychosis. Our next steps are to consider strategies to improve the standard of care provided for young people with ARMS. This includes further psychoeducation resources and a funding application for specialist training for Tier 3 psychologists.

Genetic Testing in Psychiatry for Individuals With Intellectual Disabilities: An Audit of Current Practice

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Aims: Individuals with intellectual disabilities (ID) have a higher prevalence of psychiatric conditions, that can be linked to underlying genetic syndromes. Identifying these conditions early can enable tailored treatment, informed prognostic counselling, and improved long-term outcomes. There are established criteria for genetic testing in individuals with unexplained moderate, severe or profound ID. This audit aimed to assess the proportion of eligible patients under a Community Learning Disability Team’s psychiatry service who had genetic testing discussed, referred, or completed.

Methods: A retrospective audit was conducted in a Community Learning Disability Community based in London. The electronic health records for all patients under the psychiatry caseload as of November 2024 were reviewed. Data extraction focused on the ID severity, details of genetic diagnoses and mention of clinical genetics testing within the notes. Specific search terms were used including “gene*”,” genome”, “congenital”, “test”, “investigation”, “diagnosis”, “karyotype”, “screen”, “chromosome”.

Results: Of the 94 patients reviewed,1 had profound ID, 16 had a severe ID, and 22 had a moderate ID. Among these individuals, 20.5% had a confirmed genetic diagnosis, including conditions such as Trisomy 21, Costello syndrome, and inherited glycosylphosphatidylinositol deficiency. Mentions of genetic testing – such as prior referrals, discussions, or test results – were found in 25.6% of patients with moderate or severe ID. However, only one patient had been referred for genetic testing within this team, with others being referred whilst under Paediatrics or Child and Adolescent Learning Disability teams.

Conclusion: This audit highlights a gap in the discussion and referrals for genetic testing within the Community Learning Disability team. Given the prevalence of genetic conditions in this population, and the potential impact on mental and physical health and management strategies, increasing awareness and embedding genetic testing discussions into routine psychiatric assessments is needed. Future steps include providing targeted education for the Learning Disability Team on the importance of clinical genetics, sharing the referral protocol to the local Clinical Genetics team, and considering the addition of a prompt in initial assessments to ensure genetic testing is routinely considered. These measures will enhance early identification, optimise treatment approaches, and improve long-term outcomes for individuals with ID and co-occurring mental illness.

Audit of Discharge Summary Completion: Identifying Barriers and Implementing Solutions to Improve Timeliness

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Aims: Discharge summaries are an essential part of patient care, ensuring that key medical information, including progress on the ward and treatment plans, is communicated to GPs and community teams. On functional old age psychiatry Wards 3 and 4 at The Mount, Leeds, ensuring timely completion of summaries is important for patient care and safety. The aim is to identify the key factors contributing to delays in writing and sending discharge summaries, providing guidance for implementing changes that support timely completion and help achieve the 7 day target.

Methods: We reviewed discharge summaries from January to December 2023 for patients discharged from Wards 3 and 4. The time from discharge to summary completion was recorded and compared against the 7-day target. Summaries were selected based on numerical randomisation, with 11 cases reviewed from Ward 3 and 13 from Ward 4. After data collection, we invited stakeholders to MDTs, where we identified nine key barriers, mapped the current process, clarified development regarding influence and interest, and prioritised two specific changes while exploring potential solutions.

Results: The review of discharge summaries from Wards 3 and 4 revealed delays in completion. In Ward 3, none of the 11 reviewed cases had their discharge summaries completed within the 7-day target. In Ward 4, 23% of the 13 reviewed cases met this target. These delays can negatively impact patient care by slowing communication with GPs and community teams. Nine key barriers were identified, and two were prioritised: lack of uninterrupted time and delays in the allocation of a doctor to complete the discharge summary.

Conclusion: This audit identified nine key barriers, including a lack of protected time, unclear doctor allocation, and frequent interruptions due to ward acuity. To address these challenges, we propose implementing a dedicated 4-hour weekly slot for junior doctors to complete summaries, assigning a responsible doctor at the time of discharge, and providing a quiet workspace away from the acute ward but onsite to ensure they remain contactable in an emergency. These changes aim to simplify the process, reduce delays, and support both patient care and staff well-being, helping to achieve the new target of 14 days, extended from the previous target of 7 days.

Diagnosis Concordance in Liaison Psychiatry Patients Transferred From a tertiary Center to Inpatient Psychiatric Care

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Aims: A subset of patients assessed by the Liaison Psychiatry service at the Royal Infirmary of Edinburgh are transferred for inpatient psychiatric care. The aim of this audit was to investigate diagnosis concordance, length of stay and nature of follow-up in this cohort. A comparison was made with a previous version of this audit from 2019.

Methods: A review of the relevant cohort took place using internally recorded data from the liaison psychiatry service and inpatient discharge letters from Trak (an electronic notes system). The chosen time period spanned 01/01/24–28/06/24 (n=68). Patients were excluded if no clear working diagnosis was available, they were admitted to an inpatient facility not using Trak or if they were transferred from and subsequently returned to IP care (n=54). Diagnosis concordance was split into complete agreement/match to disorder/match to group of disorder/match with +/- 1 additional diagnosis/no match.

Results: Demographic overview: 82% of patients had been discharged from IP care by the end of the audited time period. 55% of transferred patients were male; 45% female. Patients were most commonly aged between 31–35.

Length of stay: Length of stay ranged from 1–260 days, with a mean of 65.82 and a median of 36 days.

Diagnosis concordance: 33% had complete agreement, 8% match to disorder, 26% match to group of disorders, 20% had a match +/- another diagnosis and 13% had no match. Therefore, 87% of patients had a match of some kind. The most common diagnosis group was a mood disorder, followed by neurocognitive disorders and primary psychotic disorders.

Follow up: 44% had mixed follow up (>1 discipline), 24% CMHT, 7% IHTT, 9% RRT, 7% CPN, 7% specialist and 2% solely primary care.

Conclusion: In a majority of patients there was an element of diagnosis concordance. Liaison psychiatry diagnoses can partly be a snapshot based on a shorter stay, and inpatient admission may allow further details to come to light influencing diagnosis (i.e. first presentation psychosis to schizophrenia). Notably, in comparison to the 2019 median audit IP length of stay had increased by 11 days. Hypotheses explaining this include a changing patient cohort overall or increased bed pressures leading to a different subsection of patients being admitted to IP care. The most common disorder group (mood disorder) is in line with a high percentage of patients presenting to the RIE secondary to intentional overdose with suicidal intent.

Audit to Assess the Availability of Electrocardiogram (ECG) Machines on the Inpatient Units at Leeds and York Partnership Foundation Trust (LYPFT)

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Aims: Establish the scale of the problem by collecting data on how frequently electrocardiogram (ECG) machines are not available, and the time doctors are spending searching for them.

Develop strategies for better monitoring and maintenance of available machines.

Methods: Initial data was collected from resident doctors within Leeds and York Partnership Foundation Trust (LYPFT) regarding incidents where ECG machines were not available over a period of 3 months beginning 01/08/2024 and ending 01/11/2024.

Data collection was facilitated by sending emails to resident doctors three times over the course of data collection. A reminder message was also sent out to the Resident Doctors WhatsApp group. Reports were received via email.

The data was collated and recorded on an Excel spreadsheet by SY.

Following data collection, statistical analysis was done on data received. This was via qualitative analysis such as calculation of the mean, median, mode; and through qualitative analysis via thematic analysis.

Due to the concerns surrounding early reports received and the implications for patient safety, concerns were escalated in the Trust senior leadership meetings and more ECG machines were sourced during the audit period.

Results were discussed at the Physical Health Team monthly meeting, to consider potential for improvements.

Results: A total of 28 reports were received over the three-month period, with the majority in August prior to escalating to senior