

drug screen completed within the review period. In terms of care-planning, only 52% of patients had random drug screening mentioned in their care plan. 22% of patient care plans reported the actions/consequences for a positive test result. Not a single care plan mentioned how frequently patients should be being tested or potential triggers for increased risk of drug misuse amongst inpatients.

Conclusion. Current practice and recording of drug screening amongst female forensic psychiatric patients is poor compared to expected standards. The lack of consistency in drug screening raises concerns regarding whether potential substance misuse amongst inpatients may be going undetected, and therefore impacting the recovery of patients. Improvements to drug screening practice should be considered in order to ensure optimal recovery and safety to patients and others.

Clinical Audit cycle of Mental Health Act (MHA) documentation for patients on section 3 staying 90 days and over in adult wards at Roseberry park hospital

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Aims. To complete the audit cycle on compliance of MHA documentation (including MCA1 form at admission and 3 months, T2 form, SOAD request and T3 form authorization) on patients on section 3 staying 90 days and over in adult wards at Roseberry park hospital

Method. In the initial audit, we collected data from all inpatients on section 3 staying 90 days and over, in Adult acute and rehab wards on Roseberry park hospital between the time period 28/10/19–04/11/19. Using a designated audit data collection tool, information was gathered from each patient's electronic record pertaining to the standards. The same method was used in re-audit where data were collected from all inpatients on section 3 staying 90 days and over in Adult acute wards on Roseberry park hospital between the time period 04/11/20–11/11/20. To note, the rehab ward at Roseberry park hospital was closed in Feb 2020. The data were analysed by the project lead.

Result. In the initial audit, 16 patients records were identified as meeting criteria, out of these 7 (44%) patients were on acute wards and 9 (56%) at rehab ward. Where as in re-audit 5 patients records were identified as meeting criteria and all were on acute wards. Days in Hospital - Ranged from 120 days to 664 days, average being 295 days and median of 186 days in the initial audit compared to 121 days to 290 days, average being 170 days and median of 150 days in the reaudit. Percentage of patients records with documented capacity assessment at admission and 3 months were same at 80% and 60% respectively in both audits. T2 form was completed in all consenting patients in both audits. SOAD request sent was recorded in only 1 (25%) patient in the reaudit, which was lower than the initial audit, where in SOAD request was sent in 7 (78%) patients but recorded in 5 (56%) of them. For patients lacking capacity, T3 form was documented only in 4 (45%) patients but T3 form authorisation was discussed with patient and evidenced in case notes in only 1 (11%) case in the initial audit, where as in reaudit T3 form was not documented or discussed for any patient.

Conclusion. There needs to be improvement in MHA documentation for detained patients.

Metabolic side effects of clozapine in patients at south ceredigion community mental health team

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Aims. The aim of the audit was to identify patients at risk of developing Metabolic Syndrome who are on Clozapine in the community. Anyone who has three of following attributes has Metabolic Syndrome. A large waist size (greater than 40 inches in men or 35 inches in women), high blood pressure (130/85 mm Hg or higher), high triglycerides — a form of fat in the blood (150 mg/dL or higher), high blood sugar (a fasting level of 100 mg/dL or higher). Patients receiving should be regularly monitored under clinical review particularly in relation to side effects of the drug and maintain minimum standards of review both physically and clinical investigations once a year.

Background. To measure the screening of central obesity, Blood Pressure, serum glucose levels and lipid profile in last one year.

Method. Data were collected from Blood results and electronic entries of patients who are on Clozapine in South Ceredigion Community Mental Team. There were 31 patients of which 20 were male and 11 were female patients. The age range was 31–66 years and average was 46 years.

Result. 52% of the patients had obesity, 34% with Hypertension, 50% Dyslipidaemia and 43% had Increased glucose tolerance. 80% were only on clozapine, 3% were on combined Amisulpride, 10% on combined on Aripiprazole, 3% on combined Quetiapine.

Conclusion. Treatment of causes like making changing lifestyle changes, weight reduction using healthy diet and to include regular physical activity. Reduce Abdominal Obesity and in possible provide nutritional intervention.

Suicide: can we identify and manage those at risk more effectively?

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Aims. This study aimed to conduct longitudinal analysis of suicide reviews for mental health service users in Ayrshire to improve local practice and outcomes. Traditional risk factors – middle-age, male and alcohol misuse – were hypothesised to convey greater risk of completing suicide.

Background. Suicide is an important public health issue in Scotland, with potentially devastating impacts. Practice and policy may lag behind emerging evidence. Mental health problems are associated with an increased suicide risk, and care provided to those who take their own lives is reviewed to identify recommendations and learning points to improve practice and outcomes. However, these reviews and their conclusions are often considered individually, when studying them collectively over time it is necessary to characterise common themes and highlight factors that could be addressed to reduce suicide. Moreover, national averages can obscure local patterns.

Method. Access to reviews of suicides for mental health service users in Ayrshire was granted by the Adverse Event Review Group. Relevant data were extracted for the 35 General Adult service users completing suicide between 2013 and 2015, including details of the act, demographics and clinical factors, and analysed for trends.