The standard applied was the MHA CoP guidance for MSRs:

1) MSRs should be conducted in person, and should include:
   a. Review of physical health
   b. Review of psychiatric health
   c. Assessment of the adverse effects of medication
   d. Review of observations required
   e. Reassessment of medication prescribed
   f. Assessment of the patient’s risk to others
   g. Assessment of the patient’s risk of self-harm
   h. Assessment of the need for continuing seclusion

100% compliance with targets or a reason why it was not possible was expected to be documented.

Result. The results show there is a large variation in compliance with the MHA CoP. The area with the highest compliance was the completion of reviews in person (99.3%). The criterion with the average worst compliance was whether the need for physical observations was reviewed (4.3%). Physical health was reviewed in 86.1% of cases, in contrast to psychiatric health at 38.3%. The adverse effects of medication and reassessment of medication prescribed were recorded in only 8.9%. The risk from the patient to others was recorded in 25.3%, whereas risk to self was recorded in 10.7%. The need for continuing seclusion was recorded in 72.7%.

Conclusion. The quality of MSRs at Rampton Hospital is currently inadequate. Improvement in practice is required to meet accepted standards and ensure safe, consistent patient care. Ways to improve this are being considered, including improving the knowledge of the MHA CoP and providing a MSR template.

Compliance with nice guidelines for management of depression in a community mental health team

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Aims. To evaluate compliance within a Community Mental Health Team (CMHT) to the NICE guidelines for the management of depression.

Background. Reducing the prevalence of depression continues to be a major public health challenge. Given the complexity and recurrent nature of the condition, the NICE guideline CG90 is an invaluable resource to aid the effective management of depression. Here we present an audit of adherence to this guideline within a CMHT.

Method. A retrospective electronic casenote review of all patients diagnosed with depression between January 2016 and October 2019 under the care of a Birmingham CMHT (n = 35), assessing key performance areas including: quality of assessment and coordinated care, risk assessment, choice of pharmacological and psychological treatment using the stepped care model and appropriate crisis resolution planning.

Result. Key results include:

The majority of patients were Caucasian (63%). Ages ranged from 27 to 69 (mean age 48 years old).

Severity of disorder was typically moderate (46%) or severe (48%). Of those with a diagnosis of severe depression, 41% had associated psychotic symptoms.