

3 patients (14%) had 3 reviews in the 6 month period, whereas 10 (48%) had 2 reviews, 5 (24%) had 1 review and 3 (14%) had no reviews.

Conclusion. The Well-being Clinic intends to reduce harm to patients by reducing their antipsychotic dose. However, only 5% had a satisfactory dose reduction and 62% were reviewed at least once in 3 months.

Recommended actions include increasing the frequency of reviews to once in 6 weeks (in accordance with national guidelines) and implementing regular monitoring of electrocardiograms (ECGs), vital signs and blood markers to further improve practice.

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Audit on Baseline Physical and Metabolic Investigations Before Prescribing Antipsychotics in Children and Adolescent With Psychosis and Schizophrenia

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Aims. INTRODUCTION: The term ‘psychosis’ is used in NICE guidelines to refer to the group of psychotic disorders that includes schizophrenia, schizoaffective disorder, schizophreniform disorder, and delusional disorder as identified by the International Classification of Diseases – 10th revision (ICD 10; World Health Organization, 1992). BACKGROUND: Children and young people with psychosis and schizophrenia have poorer physical health than the general population as get older. Life expectancy is reduced by 16 to 25 years (Brown et al., 2010; Parks et al 2006). AIMS & OBJECTIVES: To compare the west-midlands child psychiatrist practice with the standard NICE clinical guidelines on baseline physical and metabolic investigations before prescribing antipsychotics in children and adolescents. To compare if fulfilling criteria. Early detection and intervention in order to delay or possibly prevent the onset of psychosis and schizophrenia. To improve the services.

Methods.

- The sample was collected via ‘WEST MIDLANDS CAMHS CONSULTANT SURVEY’.
- Information collection through the questionnaire.
- Nine members of the west midlands CAMHS Consultant CLENT group participated in 2019.

Results.

- Indications to use antipsychotics, Record keeping and Assessment of nutritional status & level of physical activity: 100%.
- Pulse and B.P check: 88.9% yes, 11% not always.
- Weight and Height plotted on growth chart: 77.8% yes, 22% not always.
- Antipsychotics (must be initiated by suitably qualified health care professional with expertise in prescribing: 33% consultant, 55% doctor, 11.1% doctor or nurse.
- Assessment of movement disorders was done by 44.4% always, 11.1% never and 44.4% sometimes.

- Lipid Profile was checked by 44.4% always, 11.1% never and 44.4% sometimes.
- Fasting blood Glucose and Hb1ac check: 33.3% yes, 66.7% never and 33.3% sometimes.

Conclusion. Data collected suggest meeting the set standards for indications of antipsychotics, record keeping and physical activity checks but not in other domains.

Recommendations:

- To create a checklist Performa for physical / metabolic Health Checks for children and adolescent initiated on antipsychotic medications under the care of CAMHS.
- Clinicians to stay up to date with NICE guidelines.
- To regularly monitor physical health and blood test before prescribing antipsychotics.
- To re-audit after introducing Performa in our CAMHS centre, if effective to introduce it in other local CAMHS centres after negotiation with them.

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Audit of On-Call Assessments (Acute and Urgent Care)

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Aims. BACKGROUND: Local algorithms are in place which outline the required process for arranging a Mental Health Act assessment. It requires one doctor from the patient’s allocated care team or Trust on-call consultant during the working hours and one doctor from the on-call team (registrar/Consultant- if no registrar) during out of hours. Concerns were raised that on-call doctors were not always asked to participate in assessments in accordance with Trust protocol. AIMS: To improve the on-call assessment process at Northstaffs Combined Healthcare NHS Trust (NSCHT). OBJECTIVES: To determine: Whether NSCHT doctors from the on-call rota participate in Mental Health Act assessments, as appropriate. Any patterns relating to day, time of day or location of assessment which correlate with on-call doctors not participating in assessments appropriately. Any areas where the required standards relating to on-call assessments are not being met. As well to take this opportunity to note down how long was admission following mental health act assessment and if any role of substance misuse.

Methods. All assessments undertaken during November and December 2020 were identified by the Mental Health Law Team. This resulted in a total for analysis of n=141 cases. Data collection was undertaken by Working Group members using a form devised by the Clinical Audit Department and entered online for analysis. Analysis was subsequently undertaken using SPSS and validated according to departmental protocol.

Results. MHAA was done 35% inpatient, 30% Section 136 Suite, 14% community, 12% UHNM, 3% access, 2% police custody and 4% in other areas/ out of areas. Outcome were that 45% detained under section 2 MHA, 35% on section 3 MHA, 2% admitted