

Hypothesis:

- 1) Patients attempting suicide are more likely to have co-existing axis I or axis II disorder when compared with patients with no reported suicidal attempt.
- 2) Various OCD related domain like symptom types, symptom severity, age of onset of OCD, duration of illness and presence of other OCD spectrum disorder has higher chances of attempting suicide.
- 3) Family history of suicidal behaviour increases the risk of suicidality.

Methods. Retrospective file review of all patients registered at the OCD clinic, NIMHANS hospital, Bangalore, India between Jan 2008–Dec 2018 was undertaken. Out of 1017, 814 met the eligibility criteria. Individuals with a documented suicide attempt were compared with those without. Chi square test, unpaired t-test and Regression analysis was done to identify predictors of life-time attempt.

Results. Lifetime attempt was noted in 19.8% patients (161 out of 814). On comparison, female gender, unemployment, lower socio-economic status, severe to extreme avoidance, severe to most severe CGIs, presence of depressive disorder, history of engagement in suicidal acts, past NSSI, past suicidal ideation, younger age at onset of OCD, younger age at first OCD consultation and YBOCS at index assessment are significantly associated with higher risk of suicidal attempts. Female gender, BPL status, age at onset of OCD and presence of depressive disorder can significantly predict lifetime suicidal attempts. Out of 814 eligible patients reviewed, 32 patients i.e. 4.79% had made ≥ 1 suicide attempt after their first contact to the OCD clinic. Risk of re-attempting suicide is highest in the first three years post index visit to the OCD clinic.

Conclusion. One in five individuals with OCD attempt suicide with higher risk in female population, greater illness severity (higher baseline YBOCS scores and early age of OCD onset) and presence of comorbid depression. Importantly, risk of repeated attempt is greatest within three years of contact but no factor could determine reattempt risk. Hence, regular screening for suicidality in patients with OCD could be of utmost importance in preventing any future attempts. The findings also highlight the need for future studies that explore the neurobiological underpinnings of suicide vulnerability in OCD.

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2 Education and Training

Malawi Mental Health Guide: Overview and Evaluation of a Mental Health Quick Reference Guide and Phone App for Use in Non-specialist Settings

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Aims. In Malawi, there are three Consultant psychiatrists for a population of approximately 20 million people. We cannot rely solely on specialists to provide mental health care. We produced the Malawi Quick Guide to Mental Health (the Guide) to

improve the psychiatric health-care resources available to frontline mental health workers in Malawi, thus improving service provision to patients. We aimed to evaluate its impact on the frontline non-specialists who provide most mental health care in Malawi.

Methods. In collaboration with the Malawi Ministry of Health, the University of Malawi, St John of God Malawi, and a Malawian user group, a group of psychiatrists with experience working in Malawi co-produced the Malawi Quick Guide to Mental Health. It provides practical information for assessing and managing mental disorders in Malawi. We distributed the Guide to over 400 health centres in Malawi. Next, we converted the Guide into a freely available phone app in both Android and Apple stores.

To study its impact, we baseline surveyed frontline mental health professionals regarding their access to basic psychiatry guidelines and information in clinics, as well as their confidence in delivering mental health care. We repeated this survey six months after the distribution of the printed Guide and six months after the app launch.

Results. Baseline survey: 20 health-care professionals representing regions throughout Malawi responded. 70% of respondents were between 25–40 years old and 45% were female. All respondents either agreed or strongly agreed that they needed more support caring for mentally unwell patients. 15% had no access to any resources whatsoever to guide their care.

Printed guide survey: 95% agreed or strongly agreed that having a printed copy of the Guide increased their confidence in caring for patients. Information resource accessibility, availability and usage in mental health clinics had improved from baseline. The respondents found the Guide helped their day-to-day practice, with 95% rating it either extremely helpful or very helpful. 95% either agreed or strongly agreed that it had improved the care they provided their patients.

App survey: 66% of respondents prefer using the app over the textbook version. All agreed that the app made them more confident in caring for their patients and that their care had improved because of the app. They were all likely to recommend it to a colleague. It has now been downloaded almost 1000 times.

Conclusion. A free, co-produced mental health book and phone app have helped to address the issue of limited access to basic psychiatry guidelines and information in clinics in Malawi. This has improved clinicians' confidence and their perceived patient care.

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3 Quality Improvement

The Ten-Point Treatment Programme: Design and Evaluation of an Easy Read Document in a Forensic Learning Disability Unit

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Aims. There has been criticism surrounding the lack of clarity regarding treatments offered within forensic inpatient units for

people with learning disability and co-existing mental health problems. The Ten-Point Treatment Programme is a framework for treatments within such settings. It incorporates the four stages of assessment and motivational work, foundation and offence-specific treatments, consolidation and relapse prevention and finally discharge management. Although evidence based and evaluated in outcome studies, explaining its content to those with learning disability can be problematic. Communication difficulties affect the way information is comprehended and interpreted from both a linguistic and pragmatic perspective in this group. The provision of Easy Read information can address this difficulty.

Our aim was to co-produce, with experts by experience, an easy read version of the Ten Point Treatment Programme; and to evaluate this resource.

Methods. This was a quality improvement project within an in-patient medium secure unit in England. The co-production of the easy read version was led by two speech and language therapists, two psychiatrists, one Education Manager and two experts by experience. The latter advised on content, wording, format and font. Content was adapted in line with standard easy read requirements and guidelines. Following a focus group meetings, a provisional easy read version was approved and introduced in the service. This service innovation was evaluated through semi-structured interviews with six experts by experience and ten multidisciplinary team members who had used the resource. Responses were transcribed and subjected to thematic analysis.

Results. The three main themes covered in the evaluation responses related to accessibility, appearance and usefulness. The sub-themes under accessibility were the simplicity of vocabulary and short sentence length. Regarding appearance, the key sub-themes were about the effective use of colour, the inclusion of relevant and meaningful images, and the balance between words and pictures. On usefulness, the main sub-theme was about understanding the treatment pathway better and hence feeling motivated to engage. This was reflected by the staff group as well. There were some comments on accessibility that were less positive, including service user indications that the number and complexity of words were still high.

Conclusion. The co-produced easy read version of the Ten-point treatment programme has been received positively by service users and staff. For both groups, it brings clarity about the treatment pathway and its stages. It is incorporated into the admission pack for new admissions and features in new staff induction programmes.

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Emergency Department (ED) Walkouts in a Mental Health Crisis: West London NHS Trust Liaison Psychiatry Response to the London Metropolitan Police's Right Care Right Person Approach

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Aims. Patients walking out of ED during mental health crises are commonly encountered in Liaison Psychiatry. Responsibility for

high-risk or vulnerable walkouts had predominantly fallen on the police due to resource pressures in health and social care services. In 2023, London's Metropolitan Police announced a new partnership model, the "Right Care Right Person" (RCRP) approach. This supported the withdrawal of police involvement in mental health crises and allowed health and social care agencies who have the expertise and authority to act, to fulfil their role. This QI project aimed to understand the extent of police involvement in ED walkouts prior to the implementation of RCRP, introduce a new protocol for managing these situations, and evaluate its impact in terms of resource use and patient outcomes.

Methods. The Trust's incident reporting system was used to identify mental health-related ED walkouts between May–August 2023, prior to the introduction of RCRP. Patients' notes were reviewed to identify immediate actions taken following the walkout, including whether the police were involved, what action they took and patient outcomes. This was used to create a new Trust-wide ED walkout protocol, incorporating the Metropolitan Police's risk assessment tools. This was disseminated to frontline staff. A repeat analysis took place in November–December 2023, post-RCRP, to analyse how ED walkouts were being managed, and by which service. Furthermore, the analysis explored the nature of any patient harm which occurred following the incidents.

Results. We found 29 walkouts from A&E between May–August 2023 (pre-RCRP), compared with 35 between November–December 2023 (post-RCRP). Police were called in 79% of cases pre-RCRP and 74% post-RCRP. Pre-RCRP police was not involved in 41% of cases, and in 81% of cases post-RCRP. Mental health services made first contact following walkout in 41% of cases pre-RCRP, and in 46% post-RCRP. LAS made contact in 29% of cases post-RCRP. Post-RCRP 26% of patients who walked out were admitted to a Mental Health Trust within 7 days. 20 patients had their treatment delayed, 5 suffered from neglect. 3 patient walkouts resulted in harm to others, and 2 resulted in self-harm.

Conclusion. As expected, police responded to fewer walkout reports, and our data shows this gap has been filled by other services. The Trust's risk assessment-based approach to managing walkouts has shown promising results. The next stage of the project will focus on developing local protocols for the identification and management of patients at high risk of walkout.

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Introducing Step-Down Summaries to the Intensive Psychiatric Care Unit

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Aims. The intensive psychiatric care unit (IPCU) is a 10-bedded unit which houses some of the most unwell psychiatric inpatients, generally those with psychosis and mania who require enhanced care and restriction. Admissions can be long and involve high levels of clinical complexity. This project identified the need for clear communication at the point of discharge with regards to rationale for decision making, mental health act status, risk and outstanding issues. The aim was to develop and test a tool for communicating this: the step-down summary.