

Results. Each lifestyle factor should have been checked at each appointment and interventions offered where appropriate. In each assessment an intervention could have been offered following identification of a modifiable factor. No factor was assessed at every opportunity. Only 2 interventions (4%) were offered. Targeted Medication Monitoring Clinics (MMC) did not perform better than Outpatient Follow-up Clinics (OPA), OPA offered more interventions. These findings were consistent across all grades of practitioner and diagnoses.

Conclusion. Assessment of modifiable risk factors was not performed at each assessment, and where interventions were appropriate, they were rarely offered. This was a universal issue across the team, and in spite of specialised clinics, or high risk disorders, there was substandard physical health management. Therefore, opportunities to modify risk of physical disease, or improve treatment of the underlying psychiatric disorder are being missed. This is troublesome as community psychiatry often has the space, time, and rapport with patients to explore these issues, furthermore, many psychiatric treatments carry the burden of increased risk of morbidity and mortality. Consequently, the onus should be upon us to manage these risks and improve patient health through simple, short interventions and timely signposting and referrals.

Detentions in BSMHFT (Birmingham and Solihull Mental Health Foundation NHS Trust) - Covering the Birmingham and Solihull Geographical Area Under the Mental Health Act Between 2018 to 2021

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Aims. To continue to monitor trends in detentions under the Mental Health Act based on race, age, gender, and sexuality during the COVID-19 Pandemic to consider if there were any specific areas that would need to be addressed.

Methods. We investigated available mental health detention documents stored in mental health legislative office, Birmingham and Solihull mental health foundation NHS Trust.

Results. We found that detentions under Section 3 of the Mental Health Act have increased very gradually over the last three years (2018 to 2021). However, there has been gradual reduction in detentions under Section 3 within the white population beginning in 2019 and continuing with a marked acceleration in reduction during the two peaks of the pandemic. This is marked in the 66yrs plus age group. As the pandemic has eased this reduction has stopped and reversed with increased section 3 admissions in last few months in this population. The detentions in the black and Asian population have followed a reverse pattern, with marked increase during the pandemic peaks in 2020/2021 and a marked fall as the pandemic has eased.

Conclusion.

1. Mental health act detention data during the Pandemic shows that the pandemic has disproportionality impacted black and Asian population of all ages and Elderly white population.
2. During the pandemic there has been a marked increase in detentions under Section 3 of the Mental Health Act (for treatment) in the Black and Asian population with a marked reduction in the white population. This difference is stark in the working age population.
3. This highlights:

- a. The need for a well-functioning community based health and social care offer to reduce detentions in the black and Asian population.
 - b. Return of admissions under the mental health act of white elderly post vaccination (which are vast majority white) shows a reversal of the trend of this group not accessing inpatient treatment fully during the pandemic.
4. Community Treatment Order (CTO) detentions in the Black and Asian population continue to increase through the pandemic disproportionately
 5. There is no material change during the pandemic, in short term detentions (section 2, 5(2)) or other inpatient detentions under the Mental health act
 6. There are no significant trend changes noted based on gender or sexuality or age during the pandemic in BSMHFT (Birmingham and Solihull mental health foundation NHS Trust).

An Evaluation of the Prescribing of High Dose Antipsychotic Therapy and Combination Antipsychotic Therapy to Inpatients on the General Adult Wards of Mersey Care NHS Foundation Trust

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Aims. High dose antipsychotic therapy (HDAT) is defined as “a total daily dose of a single antipsychotic which exceeds the upper limit stated in the SPC or BNF or a total daily dose of two or more antipsychotics exceeding the SPC or BNF maximum using the percentage method. Previous audits have looked at HDAT on both a national level (the Prescribing Observatory for Mental Health) and within Mersey Care NHS Foundation Trust. This audit aimed to identify the proportion of patients subject to HDAT and review combination antipsychotic strategies and consideration of Clozapine in patients subject to HDAT.

Methods. In August 2021, data were collected from the eight inpatient wards in Mersey Care NHS Foundation Trust. This involved using the Electronic Prescription and Administration system to identify those prescribed antipsychotics. Following this, the patient’s electronic record was scrutinised for documentation of the rationale for HDAT, combination antipsychotics and consideration of Clozapine.

Results. 129 inpatients were identified as being prescribed antipsychotic medication. 21 (16.3%) patients were prescribed combination antipsychotic therapy, with four of these patients (3.1%) being prescribed HDAT. For these four HDAT patients, there was no recorded documentation of discussion of the option of Clozapine. The most common antipsychotic combination was Paliperidone depot with oral Risperidone. 38 out of 129 (29.5%) patients had been considered for Clozapine. Reasons for Clozapine being refused included the patient declining, concerns about non-concordance with oral medication, patients having had a neutropenia on an FBC, the patient being reluctant to have regular blood tests and a patient’s comorbidities.

Conclusion. When comparing the proportion of patients subject to HDAT (3.1%) to the previous Trust audit in December 2020 (9.1%), there is a recurrent theme that antipsychotic prescribing practice in Mersey Care is safe, with minimal HDAT. Of note, the figure is significantly lower than the proportion of HDAT patients identified in the 2012 national study (28%). In this

audit, none of the patients on HDAT had documented consideration of Clozapine. Three of the four patients were soon to be no longer subject to HDAT which may explain this result. Compared to the Trust's HDAT audit in 2020, the percentage of patients on combination antipsychotic therapy has stayed largely the same - 16.3% compared to 17.4%. The Trust needs to strive to continue minimal HDAT prescriptions and ensure that, in those patients subject to HDAT, there is consideration of and documentation of Clozapine being considered.

Changing Patient Profile in a Psychiatric Hospital During COVID Pandemic: A Comparison With Pre-COVID State

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Aims. COVID-19 pandemic has a massively adverse mental health impact and people with pre-existing psychiatric illnesses are one of the most severely affected groups. We intended to study the changes in the patient profile in a psychiatric hospital during the COVID-19 pandemic, comparing it to the period just before the pandemic.

Methods. Consecutive patients (n = 210) admitted to psychiatric ward under one team during COVID-19 pandemic (February 2020 to January 2022) were compared with patients (n = 234) admitted in the immediate pre-pandemic period (January 2017 to January 2020). Demographic (age, gender, and ethnicity) and clinical variables (diagnosis, admission days, Mental Health Act status, risk to self and others) were collected from the electronic patient records and analysed.

Results. During the pandemic monthly admission rates have gone up by 38.1% over the base rate of 6.32/month. There was no difference in the mean age at admission; or the proportion of patients aged 18–40 years or above in the pre-pandemic and pandemic groups. Similarly the gender composition of patients in the two periods was comparable. Proportion of patients from Asian background increased from 7.7% to 16.8% during pandemic period ($p < 0.05$). The number of hospital days decreased from 31.97 ± 45.8 days in the pre-pandemic period to 22.44 ± 25.1 days during pandemic ($p < 0.05$). Along with increased admission rates, it suggested a rapid flow of the admission and discharge during the pandemic. Considering diagnostic composition between pre-COVID-19 and COVID-19 periods, psychotic (27.8% v 26.7%) and mood disorders (18.8% v 23.3%) were the predominant; and substance related disorders (20.5% v 16.7%) were the most common comorbidities. Risk to self was associated with 84.3% admissions during the pandemic compared to 78.6% in the pre-pandemic period; however, risk to others was noted in 13.8% v 22.2% ($p < 0.01$) respectively. There was no difference in proportions getting admitted under Mental Health Act or being discharged with Community Treatment Order. Interestingly, proportions of patients getting discharged under the care of Home Treatment Team decreased from 31.1% pre-pandemic to 16.5% during pandemic period ($p < 0.005$).

Conclusion. There is an increase in admission rate and decrease in the number of admission days, suggestive of increased demand of clinical resources during pandemic. This could be reflective of the stressful situation and adverse impact on mental health in the pandemic period. As the impact on mental health is expected to continue, there is a need for greater resources both in community and inpatient psychiatric services.

A Service Evaluation of the National High Secure Deaf In-Reach Service

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Aims. The National High Secure Deaf Service at Rampton Hospital provides inpatient assessment, treatment and rehabilitation for D/deaf* males living with a range of difficulties including complex responses to trauma, mental health difficulties and/or learning disabilities. In 2011, the Deaf Prison In-Reach Service was established in conjunction with Yorkshire Specialist Commissioning Group and Nottinghamshire NHS Trust aiming to provide specialist support to D/deaf prisoners. * 'D' = Deafness as a culture, 'd' = deafness as a medical disability.

Methods. The team evaluated the service to raise awareness of the specific needs of D/deaf prisoners by identifying and describing characteristics, demographics, trends and patterns within existing data as well as highlighting the nature of offences, prevalence of trauma and length of time over tariff. A secondary aim was to identify areas for development to adequately meet the needs of D/deaf prisoners.

Results. After reviewing data for 29 prisoners (female = 3, male = 26), the most common source of support offered by the DPRIS was signposting (over 50%), followed by direct individual work (with nursing or psychology), assessment and consultancy.

Since 2011, the DPRIS has assessed 30 individuals and completed over 717 prison visits for assessments and interventions. Whilst this has been acknowledged as a small number, it has been attributed to the difficulties locating D/deaf prisoners and lack of awareness regarding the DPRIS. Currently, referrals to the DPRIS come from prison healthcare staff, but this fails to address the wider specialist needs of this population: basic communication needs, occupational needs and risk reduction work. It also excludes individuals unknown to healthcare.

Direct engagement with the DPRIS included: focused risk reduction work, anger management, mental health monitoring, and 1:1 psychology work. Prior to involvement from the DPRIS, five individuals declined to engage in prison therapy. With support from the DPRIS, two were transferred to more appropriate placements, one was recommended for transfer (not transferred) and one received mental health monitoring (nursing). One continued to decline which could be attributed to potential (lack of) motivation/readiness.

This evaluation supports the need for specialist interventions to ensure equitable access to recovery and rehabilitation.

Conclusion. What Next?

It is hoped that the unique needs of this population will be communicated amongst professionals and steps will be made to address these as previously recommended in reports from the BDA (2016) and the Howard League.

Homophobic Abuse & LGBTQ+ Well-being in the Acute Psychiatric Setting

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Aims. Homosexuality was declassified as a mental illness in 1973 however LGBTQ+ (lesbian, gay, bisexual, transgender, queer