

Result. Initial Outcome

Initially it was found that only 25% of calls received where through the appropriate channel (5 out of 20 calls). This fell far below the 80% standard and an intervention was therefore devised.

Intervention

In order to ensure that all ward staff were aware of the trust policy posters were created and placed above all ward telephones and the telephone in the assessment suite office. This information was also handed over to the nurses in charge directly in order for it to be filtered through to other staff during handover.

Post Intervention Outcome

Following the intervention 88% of calls received where through the appropriate channels (7 out of 8 calls) and the 80% standard was achieved.

Conclusion. There has been a demonstrable improvement in the adherence to trust policy when contacting the duty doctor, with the percentage of calls made through the appropriate channel rising from 25% to 88%. This has now met the agreed standard of 80% and will improve the trust's ability to monitor contact of the duty doctor effectively.

A service evaluation of the healthy lifestyle groups in a female medium secure unit- what do our patients know about nutrition?

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Aims. To assess whether patients have a good knowledge of basic nutrition compared to a group of staff. We hypothesise that the patient's knowledge will show deficits compared to the staff despite the group interventions.

Background. The Royal College of Psychiatrist's core standards for inpatient physical health outlines that patients should be engaged in healthy lifestyle groups. The women's secure service at Ardenleigh has developed healthy lifestyles groups to promote a better understanding of nutrition.

Method. An adapted University College London general knowledge nutrition questionnaire was used to investigate nutritional knowledge.

All 22 inpatients and a random selection of staff were offered the chance to complete the questionnaire. As the groups run on a regular basis, it was presumed all patients had attended at least one group session. The staff are the comparator group.

18 staff responses and 12 inpatient responses were obtained (54.5% response rate for inpatients).

Result. No participant in either group scored 100%. Both groups had a good awareness of what foods they should be eating more and less of. 83.3% of patients were aware that they should be eating breakfast everyday as opposed to 100% of staff.

Poor areas of knowledge included knowledge of the number of oily fish servings per week. Staff and patients also performed poorly when estimating their recommended daily salt intake. 1/3 of patients were unable to provide an example of a serving of fruit and vegetables.

The knowledge of the structure of the Eat-Well plate was poor in both groups. Only 16% of patients and 22% of staff were aware that starchy foods should make up 1/3 of the Eat-well plate. Knowledge of protein sources was poor. 25% of patients and 16.6% of staff thought that fruit and butter were good sources of protein

Furthermore, only 50% of patients were able to choose the healthiest evening meal choice from a list of 3 options compared to 100% of staff.

Conclusion. In conclusion staff had better knowledge of nutrition than patients but knowledge was poor in areas amongst both groups. We conclude that groups should have more focus around practical applications of nutritional knowledge to everyday life.

An audit of the use of psychotropic medications over the course of admission to a specialist dementia ward

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Aims. The aim of this audit project was to establish the practices in prescribing and de-prescribing of psychotropic medications for patients on a specialist dementia ward.

Background. There is a great deal of evidence demonstration high rates of polypharmacy, defined as ≥ 5 drugs, in older adults in general and in those with dementia more specifically. NICE guidelines recommend a structured assessment of a patient with dementia to exclude other potential causes, e.g. pain or delirium. Psychosocial interventions are recommended as first line. Antipsychotics should only be offered second line who present a risk to themselves or others. These should only be used for the shortest time possible and reassessed at least every 6 weeks.

Method. Data were collected for patients (n=20) discharged from a specialist dementia ward between September 2018 and March 2019. The unit has 14 beds caring for patients with predominantly severe behavioural and psychological symptoms associated with dementia (BPSD). The team is comprised of doctors, nurses, a clinical psychologist, occupational therapists, physiotherapists and pharmacists who meet twice a week to review patients. Data were coded by drug class and counts of medication on admission, at the midpoint and at discharge were conducted. Antipsychotic and benzodiazepine dosages were converted into haloperidol and diazepam equivalence.

Result. Of the 20 patients, 70% were male and 30% female. 95% of the patient (n=19) were admitted under the Mental Health Act (1983). 20% were managed on 1 to 1 observations and 80% were on 15 min observations. In general, the results show little change in the overall rate of psychotropic prescribing. The mean number of psychotropic medications prescribed per patient on admission was 2.30, at the mid-point of admission it was 2.30 and at discharge it was 2.05. Mean benzodiazepine dosage in diazepam equivalence reduced between admission and discharge from 3.20 mg to 2.10 mg. Mean haloperidol equivalent dosages increased at the midpoint of admission from 1.11 mg to 2.27 mg before reducing to 0.78 mg at discharge.

Conclusion. The results demonstrate minimal change in the overall average number and composition of drugs prescribed. There are differences in the use of regular antipsychotics and benzodiazepines between admission and discharge which are consistent with NICE guidelines. Patients had a structured assessment with regular medicines reconciliation supervised by the team pharmacist. Therefore, the ward environment did allow for detailed discussions about de-prescribing which may not be the case elsewhere.

'The kind of doctor I wanted to be.' A qualitative analysis of junior doctors' reasons for choosing to train in psychiatry and in Wales

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Aims. To understand the factors underpinning junior doctors' decision-making processes regarding their choice of psychiatry as a speciality, and why they chose to pursue specialty training in Wales.

Background. Over recent years there have been significant challenges in recruiting junior doctors into psychiatry specialty training, both within the UK and in Wales. To counter this a number of measures have been instituted, including advertising campaigns from the Royal College of Psychiatrists ('Choose Psychiatry') and Health Education and Improvement Wales (HEIW) ('Train Work Live'), together with financial incentives. To date there has been no published evaluation of the effectiveness of these measures.

Method. Two focus groups were run (in August 2019 and January 2020) with trainees appointed to new training posts in August 2019. The focus groups featured set questions acting as prompts for discussion. These focused on various factors behind making decisions to train in Psychiatry and choosing to train within HEIW. The focus groups were recorded and transcribed. Following this a thematic analysis was conducted to identify key elements arising from the discussions.

Result. The focus groups were attended by 14 trainees in total (eleven CT1s, four ST4s.) Living in Wales prior to appointment was the most common factor in leading participants to choose to train in Wales, jointly with having a support network (friends or family) in Wales (each present in 57%, $n = 8$.) Perceptions around a favourable work-life balance were also important (45%, $n = 5$.) Interactions with staff in an ambassadorial or support role were a significant driver, especially for international medical graduates. Financial incentives and advertising campaigns appeared to have limited influence over participants' decision-making, awareness of these being highest among those already working in psychiatry or in Wales.

Having a foundation year job with a psychiatry placement was a common theme in choosing psychiatry as a specialty (43%, $n = 6$.) Work-life balance of the specialty was also important (21%, $n = 3$.) Again, after these it was hard to identify coherent themes.

Conclusion. We identified three separate groups, namely CT1s, ST4s and international medical graduates, each with distinct themes underlying a range of needs. There was a broad range of factors underlying trainees' decisions which should be reflected when planning future recruitment strategies. It appeared that advertising campaigns and financial incentives were of limited influence.

Melatonin prescribing practices and the provision of sleep hygiene/parent-led sleep behavioural Interventions in S-CAMHS, Aneurin Bevan University Health Board (ABUHB)- Service evaluation as part of quality improvement project

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Aims. To identify the number of patients currently on melatonin

To determine the average duration of use of melatonin in patients under the care of S-CAMHS in ABUHB

To investigate whether behaviour interventions were tried and reinforced from time to time

To identify any areas of improvement

Method. Data were collected at St. Cadoc's hospital, in January, 2021. S-CAMHS database was used. Out of total 346 patient currently being managed with pharmacological therapies, 115 (33.2%) are currently on melatonin. 57/115 were randomly selected as a sample for this project. Patient notes and EPEX software were also used to collect information regarding the sleep management practices.

Result. During analysis, it was noticed that within the sample, only 46 patients were actively on melatonin. Melatonin is prescribed for sleep related issues in ASD (8/46), ADHD (15/46), ASD and ADHD (10/46), ADHD and mood disorder (0/46), ASD and mood disorder (6/46), ADHD and behaviour difficulties (2/46), ASD with behaviour difficulties (1/46), mood disorder (4/46).

39/46 patients are currently on melatonin for more than a year (85%). These patients also include 10 patients who have been using melatonin for 5 years or more.

35 patients (76%) reported improved sleep or some benefit from melatonin.

Evidence for implementation of parent-led sleep behavioural interventions:

Prior to commencing melatonin- Clear evidence available for 35 patients only (76%). These interventions were however not deemed helpful by most of the service users.

While prescribing melatonin- Clear evidence available for 39 (85%) patients. Evidence base for melatonin was also discussed during this visit.

During last follow-up visit- Evidence available for 31 patients only (67%).

Conclusion. Majority of patients under S-CAMHS ABUHB remain on melatonin therapy for longer than one year. Most of these patients have reported benefit from this therapy and preferred to remain on it despite being informed about evidence base for melatonin. Also, there is evidence for implementation of sleep behavioural interventions prior to prescribing melatonin, however their benefit remains unclear.

Recommendations:

The quality of education on sleep hygiene offered should be assessed and improved if needed

Formal group sessions/workshops on sleep hygiene/parent-led sleep behavioural interventions at regular intervals might be useful in reducing the chances of long term polypharmacy or unlicensed drugs

Use of outcome measures such as Child Sleep Habits Questionnaire at intervals can be helpful in identifying any improvement from educational/pharmacological interventions

S-CAMHS database (for patients actively on medications) needs a review and update

Audit of physical health monitoring on admission to Mill Lodge (CAMHS Inpatient Unit, York)

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Aims. This audit aimed to evaluate the standard of initial physical health assessment that young people receive on admission to Mill Lodge.