

An evaluation of the incorporation of psychological interventions into the care of patients with a diagnosis of emotionally unstable personality disorder following admission to the general adult inpatient setting

Declan Hyland^{1*}, Charlie Daniels², Iulian Ionescu³,
Katie Goodier⁴ and Simon Graham⁵

¹Consultant Psychiatrist, Clock View Hospital, Liverpool, Mersey Care NHS Foundation Trust; ²Core Trainee 2 in Psychiatry, Spring House, Liverpool, Mersey Care NHS Foundation Trust; ³Higher Trainee in Medical Psychotherapy, Spring House, Liverpool, Mersey Care NHS Foundation Trust; Christina Houghton, Foundation Year 2 trainee, Clock View Hospital, Liverpool, Mersey Care NHS Foundation Trust; ⁴Foundation Year 1 Trainee, Clock View Hospital, Liverpool, Mersey Care NHS Foundation Trust and ⁵Consultant in Medical Psychotherapy, Spring House, Liverpool, Mersey Care NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.859

Aims. To assess incorporation of and access to psychological therapies for patients with a diagnosis of emotionally unstable personality (EUPD) who were discharged from the inpatient wards at Clock View Hospital, an inpatient unit in Mersey Care NHS Foundation Trust.

Method. A retrospective analysis of the electronic record of 50 patients discharged from Clock View Hospital between 1st of January 2020 and 1st of November 2020 was performed to assess whether patients were engaged with psychotherapy and whether they had an extended care plan in place.

25 patients with EUPD and no associated psychiatric comorbidities were included in the sample, as well as 25 patients with EUPD and associated psychiatric comorbidities.

Result. Those EUPD patients with no psychiatric comorbidities were more likely to be under the care of the Liverpool Personality Disorder (PD) Hub compared to those with psychiatric comorbidities (12 vs seven patients). Of the 19 patients under the PD Hub, 11 had a Case Manager, four were engaged with the PD Hub's day services / safe service and one with a PD Hub readiness group. Six of the 50 patients had a documented refusal to engage with the PD Hub.

Only 27 of the patients had either received psychological intervention, were on a waiting list, or had a referral in place. 16% of patients refused a psychotherapy referral. Of the 20 patients who received psychological treatment, eight completed a form of psychotherapy (cognitive analytic therapy, dialectical behaviour therapy, cognitive behavioural therapy, eye movement desensitisation and reprocessing) and 12 psychological intervention (either structured case management, psychoeducation or emotional coping skills).

Only 28 of 50 patients had an extended care plan and 28 had a collaborative risk management plan in place.

Conclusion. There was no obvious correlation between previous completion of psychological therapy and degree of polypharmacy. Median admission time was reduced for patients under the PD Hub (six vs 14 days). This was also reduced for patients who accessed psychotherapy or psychotherapeutic interventions (nine vs 10 days).

This audit coincided with the COVID-19 pandemic and subsequent reduced access to the PD Hub and psychotherapy service. There is a need to consider barriers to EUPD patients receiving psychotherapy.

EUPD patients may have numerous hospital admissions and frequently present in crisis. Given the iatrogenic harm from prolonged hospital admission, there is a need to consider

incorporating a collaborative extended care plan and risk management plan as part of discharge planning, following admission to hospital.

Suicides in Barnsley – an IHBTT project

Nadia Imran* and Omair Niaz

Intensive Home Based Treatment Team

*Corresponding author.

doi: 10.1192/bjo.2021.860

Aims. We wanted to see whether an increase in IHBTT(Intensive Home based treatment team) case load correlated with the recent increase in suicides. We also wanted to investigate the common factors between patients who died by suicide.

Background. This was a study completed by IHBTT in Barnsley (South Yorkshire), looking into recent suicides with the caseload from April 2009 to November 2019. There were a total of six suicides.

Method. We Calculated mean IHBTT caseload size from November 2008 to November 2019 . There were 6 suicides in this period. We plotted this against caseload, investigating if increase in caseload correlated with these. We also analysed the common themes and trends associates with these patients who died by suicide. We compared the trends we found locally against a National Survey. (National Confidential Inquiry into Suicide and Safety in Mental Health; Annual Report: England, Northern Ireland, Scotland, Wales October 2018 University of Manchester).

Result. We found that four out of six suicides occurred during periods of high activity.. Common themes we found around patients who had died by suicide included middle aged men who lived alone, with a diagnosis of adjustment disorder, recent financial stress and relationship breakdown, upcoming court case, abusing drugs or alcohol. This does compare somewhat to national trends, however alcohol and drug misuse, upcoming court case and financial stressors and relationship breakdown are higher in our patients who died by suicide compared to nationally.

Conclusion. We acknowledge the small sample size and hence the need to take results cautiously. However there is a clear increase in suicides as caseload increases, we hypothesised this was due to the same levels of staff despite increase in caseload. We were also able to conclude the factors our patients who died by suicide had in common locally, and how this compared to national data. We wondered if this could be used to guide resource allocation, i.e. interventions to help patient manage their finances, accommodation and substance misuse. Consideration may need to be given to reviewing IHBTT staffing levels, given the significant decrease in inpatient bed numbers.

Suburban vs urban: do the attendee's demographic profile influence the emergency department's mental health characteristics presentation?

Sudha Jain^{1*}, Caoimhe McLoughlin¹, John Cooney²,
Aoibheann McLoughlin², Ahad Abdalla³ and Siobhan MacHale¹

¹Beaumont Hospital; ²St James's Hospital and ³Limerick University Hospital

*Corresponding author.

doi: 10.1192/bjo.2021.861