

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

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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

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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?

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Aims. To compare the Emergency Department (ED) referrals to psychiatry in a suburban versus an urban setting over a one-month to evaluate mental health presentations characteristics across two locations.

Method. This study was a retrospective cross-sectional study examining ED referrals to psychiatry in an inner-city and suburban centre over one month; - one based in an inner-city setting, the other based in a suburban area outside the city. The anonymised data were collected from both hospital's electronic patient records and analysed. The authors collected data on gender, age, employment, housing, the clinical problem at presentation, time of assessment and admissions. Descriptive data and hypothesis testing were performed where appropriate using Statistical Package for Social Sciences SPSS® version 26.

Result. The total number referred was 213: inner-city $n = 109$ and suburban $n = 104$. The inner-city saw a younger population; 47/109 (43%) were aged between 20 and 29 years, compared with 28/104 (27%) of suburban presenters (P -value 0.0134). A higher number of presenters were aged over 60 years in the suburban centre $n = 13/104$ (12.5%) versus the inner-city centre 3/109 (2.8%) (P -value 0.0084). In the inner-city, the proportion of homeless presenters was significantly higher at 30/109 (28%) versus 5/104 (4.8%) in the suburban setting ($P < 0.0001$). Presentations related to substances were highest, a total of 73 (34.3%) across both centres, with no significant difference in clinical presentations across the two centres. The majority were seen in the on-call period, 74/109 (67.9%) in the inner-city centre and 66/104 (63.5%) in the suburban centre. The psychiatric admission rate was significantly different between the two centres, with 33/109 (30.3%) patients admitted to the inner-city centre and 13/104 (12.5%) patients admitted to the suburban centre (P -value 0.002).

Conclusion. A large proportion of ED referrals to psychiatry constitute patients with unmet social and addiction needs. The variance in capabilities of liaison psychiatry (LP) and ED services means the local population's needs may not always be adequately catered for within a typical LP setting, which in the Irish context is predominantly driven by medical and nursing staff. This study highlights many patients attend the ED who may be better assessed directly by the community as per our National Emergency Program policies. This prompts consideration of expanding both ED and community services to comprise a more integrated, multidisciplinary-resourced, 24/7 care model.

Audit of high dose antipsychotics (HDA) prescribing on high dependency unit (HDU) and acute ward, Nepean Mental Health Centre, Nepean Blue Mountains Local Health District, Sydney, Australia

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Aims. To measure the rate of patients receiving high dosage antipsychotics.

To review the adherence to maximum recommended doses of antipsychotics as per the product information approved by Australian Therapeutic Goods Administration, product information approved by Medsafe (the New Zealand Medicines and Medical Devices Safety Authority) and Therapeutic Guidelines (Psychotropic Writing Group, 2013)

Background. High dose antipsychotics or combination of antipsychotics are associated with significant adverse effects including QTc prolongation, arrhythmias, sudden cardiac death, seizures, increased incidence and severity of adverse effects, longer hospital stay and possibly increased mortality. High dose antipsychotic prescribing may arise as a result of EITHER single antipsychotic drug prescribed at a daily dose above the recommended limit (High Dose single drug) OR More than one antipsychotic prescribed concurrently where the sum of doses given expressed as a percentage of the SPC maximum of each drug exceeds 100% (High-Dose through the prescribing of multiple drugs).

Method. The data were gathered from all the drug charts for all patients admitted to HDU and Acute ward on 9th April 2019. The Audit standards were 1) Individual antipsychotic dose should be within recommended limit as 100% and 2) Combined antipsychotics should be within recommended limit as 100%

Result. Total number of patients on both the HDU and Acute wards = 33

Total number of patients on antipsychotics = 30

Number of patients on > 100% of recommended cumulative dosage = 13/30 = 43.3%

Number of patients on > 100% maximum limits of regular antipsychotics = 3 = 10%

Number of patients on > 100% maximum limits of PRN antipsychotics = 0/30

Number of patients on 2 antipsychotic = 18/30 = 60%

Number of patients on 3 antipsychotic = 8/30 = 26.6%

Number of patients on 4 antipsychotic = 2/30 = 6.6%

Conclusion. Out of the 30 patients on antipsychotics, almost half were on more than 100% of the recommended cumulative maximum limits of antipsychotics doses, almost 2/3rds were on 2 or more antipsychotic and a quarter on 3 or more. This can be associated with significant adverse effects including QTc prolongation, arrhythmias, sudden cardiac death, seizures, increased incidence and severity of adverse effects, longer hospital stay and possibly increased mortality. There is a need to review PRN antipsychotics prescribed as a norm, clear documentation and need for a protocol for increased vital sign monitoring for patients on high dose antipsychotic treatment.

Audit report of physical health examination and baseline investigations on high dependency unit (HDU) and acute ward, Nepean Mental Health Centre, Sydney, Australia

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Aims. All patients on High Dependency Unit (HDU) and Acute Ward, Mental Health Centre, Nepean Hospital, were included in a cross-sectional audit on 22nd January 2020. Out of a total of 43 patients admitted on both these wards, 88.4% had baseline blood tests done, but almost half did not have baseline ECG done and 1/3rd did not have a physical examination done. The physical examination on admission on these wards is better than in 2017 & 2018 when half and more than 1/3rd respectively did not have physical examination done.