

Racial groups were specified using the Office of National Statistics' 5-category classification system (White, Black, Asian, Mixed and Other).

Result. There is a consistent under-representation of Asian males in psychological referrals in relation to their general prison population. Whilst this group makes up 17% of the population of the prison, only 10% of prisoners referred to psychological services identified as Asian.

Those identifying as Mixed are over-represented in trauma referrals and psychological therapy referrals. The prison's mixed population is 7%, whereas 16% of those being referred for these two reasons were from the same racial category.

The proportion of patients who identified as Black, White or Other and were referred for psychology input were found to be representative of the wider prison population, suggesting no clear over or under-representation.

Conclusion. Trends seen in the community in regards to Asian males being under-represented in psychological services are also evident in one of the UK's most diverse prison populations.

Public health campaigning to reduce stigma and promote help seeking in BAME communities is of vital importance to provide the needed support for those silently dealing with psychological problems.

The two largest racial groups in the prison, White and Black individuals, were found to be proportionally represented in their respective referrals to psychological services.

One key finding was in regards to Mixed race individuals, who comprise 7% of the total prison population but 16% of psychology referrals. As this racial group is one of the fastest-growing in addition to be over-represented in referrals, it is vital to understand how provisions can be put in place to appropriately address the needs of this group.

Audit on structure of assessment for remote consultation during COVID-19 pandemic

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Aims. According to the Royal College of Psychiatry, GMC guidelines and NHS England, it is necessary to consider remote consultation to enable service delivery to those requiring shielding or facing additional health risk, and to avoid transition of infection.

To audit whether the standards of Mobile and Remote access work are met.

To audit whether the standards of Consent to Examination and Treatment are met.

To also evaluate whether the remote consultation due to the COVID-19 pandemic is being explicitly documented or not.

To suggest to the policy makers the need to establish some standards of practice concerning remote consultation and consent in the COVID-19 pandemic

Method. Inclusion criteria – sample of service users who had remote consultation in April, May, and mid-June 2020 by doctors of MHSOP community mental health team at Bassetlaw Hospital.

Data collection: Retrospective.

Data source(s) used: Patient/Client medical/care records

Anticipated benefits of this audit: Due to the nature of current COVID-19 pandemic situation, it is essential to minimise contacts with vulnerable groups to prevent transmission of infection. It is anticipated that the number of remote consultations will grow in the forthcoming months.

This audit creates an opportunity to develop a new policy and improve the quality of remote consultations documentation.

Result. Documentation for remote consultation was done in 81% of case notes whereas documentation of consent obtained was present in 57% of patients' electronic notes.

90% of entries had documentation of 'addressed concerns'. Around 50-70% of patients' documents showed good record keeping on domains of 'ability to maintain effective communication', 'mental state examination', 'risk assessment' and 'ability to understand medication plus side effects'.

About 40% of documentation met standards for good record keeping on 'management plan', 'concerns raised', 'chance given to ask about management plan'.

Conclusion. Most of the standards of good consultations are being met despite the change in the type of Consultation due to COVID-19. However, there are identified areas for improvement which could be focused on. For example, documentation can be clearer when consent is gained for remote consultation. It should not be presumed that, as patients are booked in a certain type of clinic, they have been properly consented beforehand.

Key Success: Almost in all domains 40% have met the standards

Key Concerns: There are areas where a lot of evidence is partially documented.

The above results can be explained as a consequence of a sudden change in the normal working pattern in a community-based setting, having minimal protocols and procedures on standards of working in the situation of COVID19 remote consultation.

Following this audit, we aim to increase the amount of information recorded during remote consultation.

The plan is to develop a template that would cover the requirements for a remote consultation recommended by national guidelines

The proposal of a letter template following a remote consultation will be disseminated to the MHSOP CMHT teams for any suggestions/approval.

Walking on sunshine! Vitamin D in psychiatric inpatients

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Aims. We aimed to determine whether vitamin D is being tested on admission for psychiatric inpatients at a local inpatient hospital, to identify the level of vitamin D for this group and to establish whether vitamin D treatment provided is according to NICE guidance.

Emerging evidence suggests that psychiatric patients are more vulnerable to vitamin D deficiency, due to reduced sun exposure, social isolation, long inpatient stays and poor diet. Low vitamin D levels may also increase susceptibility to SARS CoV-2 infection and COVID-19 severity.

Method. Standards were determined by local policies, RCPsych recommendations and NICE guidance. Data were collected retrospectively from electronic patient records and entered manually to a spreadsheet for analysis.

Result. 67% of patients had vitamin D tested on admission to hospital. Of the patients that had their vitamin D level tested, 39% patients had their result recorded. 48% either had a low vitamin D level or required replacement. 6 of 12 patients with a documented low vitamin D level had the correct vitamin D treatment, according to NICE guidance.