

Has advice been given about the availability of preconception counselling should they plan a pregnancy in future?

Result. On discharge, a total of 33 women were taking one or more antipsychotics and 14 were prescribed a benzodiazepine. 24 women were discharged with antidepressants and 10 women were using a mood stabilising agent. 8 women were discharged without any psychotropic medication.

Overall, 4 women received advice about contraception, and a further 8 women were already using contraception. The impact of taking an antipsychotic on fertility was not discussed with any patient. No women were advised about pre-conception counselling. The impact of taking psychotropic medication on a future pregnancy was discussed with one woman.

Conclusion. Current practice falls well below the standard set by NICE. Opportunities to inform women are being missed, and this has implications for the wellbeing of the patient and, potentially, future children.

Action plan;

Present findings at teaching.

Deliver local teaching covering preconception counselling and the role of adult mental health teams when managing women of childbearing age.

Produce a poster for inpatients wards and an information leaflet for women of childbearing age to aid with discussions.

Create a poster for doctors' offices to remind about NICE standards and documentation.

Re-audit in 6 months.

Audit of patients absent without leave from a psychiatric intensive care unit

Hamish Naismith*, Mehtab Rahman and Biganani Magadlela

Central and North West London NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.283

Aims. We aimed to reduce the number of patients absent without leave (AWOL) by carrying out an audit of processes around granting leave for those patients and the action taken when they absconded. We also wanted to determine factors which might be associated with patients absconding.

Background. Nile ward is a 14-bedded male psychiatric intensive care unit (PICU). All patients admitted to the ward are under section 2 or 3 of the Mental Health Act. Patients who are AWOL may pose a risk of harm to themselves or others. The Royal College of Psychiatrists' Quality Network for PICUs has developed applicable standards, which include criteria on developing a leave plan, actions to take when patients are AWOL and involvement of carers.

Method. Patients who went AWOL during a six month period in 2019 from ward records. The electronic medical records for identified patients were reviewed to assess whether the following eight criteria were met: risk assessment documented; leave conditions specified; consultation with the multi-disciplinary team; crisis card provided to patients or families; risk management plan enacted when AWOL; relevant authorities informed; incident form completed; relatives/carers involved in patient's care if they consented. In reviewing the notes, factors that might have been associated with an increased risk of AWOL were also assessed in order to inform risk assessment.

Result. Six patients were identified who went AWOL during the six month period in question. For six of the criteria, all of patients' cases met the audit standards. Five patients' did have involvement of relatives/carers if they consented, but in one case no details were available

for making contact. All patients lacked documented details of crisis numbers being provided before they went on leave. Preliminary findings that might be associated with an increased risk of AWOL are differing views between the patient and the treating team on the care plan and concerns about mental state.

Conclusion. The audit showed many of the standards are met. However, a quality improvement intervention is planned to ensure all audit standards are met, in particular around providing a crisis card to patients and these findings will be presented on the poster, if accepted. Further research is needed into factors which might be associated with an increased risk of absconding in PICU.

The effectiveness of community treatment orders (CTOs) across Birmingham and Solihull Mental Health Foundation Trust (BSMHFT)

Sambavi Navaratnarajah^{1*}, Riya Basu² and Syed Rashid¹

¹BSMHFT and ²North AOT, BSMHFT

*Corresponding author.

doi: 10.1192/bjo.2021.284

Aims. To ascertain if CTOs ensure that patients are effectively treated in the community and maintain stability in their mental health.

If a patient requires recall(+/- revocation) that this is done in a timely fashion in according to the 1983 Mental Health Act.

Background. A number of studies have been inconclusive in determining the benefits of CTOs in reducing the re-admissions of "revolving door" patients in Assertive Outreach (AO). It is felt that CTOs have reduced readmission of patients due to the intensive input from community teams, decreased recall and subsequent revocation. Those admitted are thought to require fewer inpatient days. It is clear that many patients who require recall following non-engagement, non-compliance, will accept medication following RC review. However at present in BSMHFT patients can only be recalled if they are allocated a bed. Due to the national bed shortage, this has resulted in delays following decision to recall and thus early and effective treatment for patients. In this aspect it defeats the role of the CTO as per the 2007 MHA.

Method. CTO data from 1st April 2018 to 31st March 2019 was obtained from all 6 AOT's in BSMHFT. The following factors were considered;

1. Time between decision to recall by RC and recall to inpatient facility
2. Number of recalls converted to revocations
3. Number of inpatient bed days if revoked
4. Number of admissions on CTO
5. Patient/family agreement of CTO

Result. 98 CTO patients were recorded over this period. 19 out of 26 recalls had recall dates documented. 10 recalls were revoked due to relapse of mental illness. Average days from RC recall decision to actual recall or cancellation was 63.89 days. Main reasons for delay were bed unavailability and execution of warrant.

Following revocation, average inpatient bed days was 103.71. 41% of families agreed with CTOs, 36% of patients contested their CTO.

Conclusion. Over a quarter of patients on CTO were recalled to hospital however, less than half of these had their CTO revoked. The remainder accepted treatment following urgent community review whilst on the bed list. Evidently the majority of patients didn't need admission. With the ongoing bed crisis, alternative