

Aims. Following a Care Quality Commission (CQC) outcome showing that capacity assessments were not routinely completed on admission of patients we decided to complete an audit on current practice. We planned to review admission clerkings at Chorley Mental Health Inpatient Unit to assess quality, with the overall aim of putting measures in place to improve standards. We planned to make the results reflective of all psychiatry wards within Lancashire and South Cumbria NHS Foundation Trust (LSCFT) with the addition of a qualitative survey.

Background. We are aware the standard of clerkings can vary and affect patient care. CQC outcome showed that that capacity assessment was not routinely documented and consultants have stated that clinical impressions are rarely documented in junior doctor clerkings. This audit allowed us to objectively assess these observations. We believed the results may show common themes throughout psychiatric practice more generally.

Method. The gold standard was a 20 item list of expected components of a clerking, based on trust guidelines. A snapshot of current inpatients (n = 30) on 31/10/19 was taken. An Excel sheet was used for information gathering. Data were analysed and graphs created. A qualitative questionnaire on current practice was sent to trainees (n = 8) on different sites for an overview of practice across LSCFT. Therefore, a mixed-methods model was employed.

Result. Items with the highest completion included clerking within 6 hours, face-to-face review with consultant completed within a week and current medication documentation. The items with the lowest completion included clinical impression documentation, bloods completed within 24 hours and documentation of capacity assessment and smoking/substances history. Common factors between clerkings with fewer completed items included poor patient engagement and patient transfer from another ward.

Qualitative survey (n = 8) showed that junior doctors across the health board are not using uniform methods for capacity documentation or an official checklist for clerking.

Conclusion. We concluded that the low rate of capacity assessment completion was an important finding due to legal implications, and that there should be a uniform place for documentation of this. Physical health consequences of other missing components were explored. We will introduce standardisation of capacity assessment documentation and use of a clerking checklist, before re-auditing. The results were presented at local teaching and recommendations sent to Site Tutors for inclusion in local inductions.

A service evaluation and improvement project: outcomes of older adult functional referrals to the North Derbyshire Liaison Team

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Aims. This project aims to examine a group of service users over the age of 65 with functional presentations, who were assessed by the Liaison Psychiatry team between June 2018 and 2019.

Hypothesis: We believe that there is a need for a community crisis service for the older adult North Derbyshire population with functional presentations.

Background. Due to the lack of community crisis services for patients over 70, it was felt that a significant number of these patients were admitted to inpatient psychiatric units from medical

wards who would benefit from crisis intervention instead. We wanted to see the clinical outcomes of this population, referred to the liaison team, determining whether this was significant concern. If this need is established, based on the data collected, this will enable the trust to look into starting a service for this age group to provide care in their own home. In turn, it will help to reduce unnecessary admissions to acute mental health wards and reduce stays in the general hospital – preventing consequences associated with long term hospital stays.

Method. Retrospective analysis using PARIS notes of 366 patients referred to the liaison team were scrutinised to determine the assessment diagnosis and outcome of patients with functional conditions. The inclusion criteria were patients over the age of 65 referred with functional psychiatric illnesses between June 2018 and 2019. We excluded 84 patients assessed to have delirium or organic presentations from our analysis. Data were collected and analysed using Excel.

Result. Among the referrals to the liaison team, the majority of patients were referred with mood disorders followed by self-harm, psychosis and anxiety. Although the majority of patients were referred back to either the community mental health team or primary care, 11% of the sample were admitted to inpatient psychiatric units. This number may have been lower and admission may have been avoided if a community crisis service was in place for this population.

Conclusion. In conclusion, the data support our initial concerns that there is a need for crisis services for this age group with functional presentations. There is ongoing discussions around a need to develop this service and therefore our results will contribute to the development of an older adult functional service in Derbyshire.

Listen to hard topics with soft ears - domestic violence and family carer; a survey of referrals to a MHIDD forensic mental health service in Ireland

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Aims. A number of studies sought to explore and define families needs, experiences and concerns associated with being a carer for a detained person and their interaction with Forensic services (McKeown et al, 1995, MacInnes et al, 2002, Tsang et al, 2002, Absalom et al, 2012 Horberg et al, 2015).

Relatives can be victims of the service user's offence (Ferriter & Huband, 2003, Tsang et al 2002), and may even blame the service user for their behaviour (Barrowclough et al., 2005). Service user becomes violent and aggressive family members are less likely to be motivated to participate, due to the service user's behaviour (MacInnes, 2000).

An initial domestic violence survey of in-patient case files found that in 66% of the patients files, there were reported incidents of domestic violence in family caring relationships prior to the index offence and subsequent admission to NFMHS (Cooney, 2018).

Method. A quantitative methodology was used. A domestic violence survey of referrals was conducted of 100 referrals to the National Forensic Mental Health Services – Mental Health and Intellectual & Development Disability Services between 2016-2019.

Result. 22% of the referrals reported Domestic Violence in the family care-giving relationships.

The father was recorded as the parent to be experience most Domestic Violence; 40%. Other family members who experienced domestic violence ranged from the mother 32%, brother 12% and sister 8%. Other family members were 8%.

100% of the referrals did not report the domestic violence in the carer relationships, nor did referring agencies recorded safeguarding adults concerns.

Conclusion. The findings from this audit raises a couple of clinical, legal and safeguarding adults work in National Forensic Mental Health Services with regards to family work. Firstly, the need to (re)conceptualising family work in the context of trauma informed care. Secondly, family work should offer some families, who are victim of crime, a restorative approach. Thirdly, safeguarding adults will need to consider complex caring relationships and acknowledged this as part of care planning and support.

Has the COVID-19 pandemic affected out-of-hours presentations in CAMHS?

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Aims. The aim of this project was to look at whether the COVID-19 pandemic, specifically lockdown, has impacted out-of-hours presentations to Child and Adolescent Mental Health Services (CAMHS) in North Central and East London.

Method. Specialist Registrars (SpRs) on the Royal London/Great Ormond Street CAMHS Higher Training Scheme are contacted for advice regarding all CAMHS presentations in the North Central and East London area. Responsibilities includes provision of advice to 6 hospitals (including 4 emergency departments) and 4 child and adolescent inpatient units. A record of all phone calls and call-outs, including Mental Health Act and Section 136 (S136) assessments are maintained and this study compares pre- and post-COVID-19 data to see if there are any differences in number of presentations, on-site assessments (including Mental Health Act and S136 assessments over 2019 and 2020).

Result. Numbers of CAMHS presentations were lower in 2020 (mean 74 patients per month) compared with 2019 (60 patients per month). This was consistent across all months except October and December. The largest difference was seen in March: 109 patients presented in March 2019, compared with 55 in March 2020. This is also reflected in the number of assessments conducted on site. However, there do not appear to be differences in the numbers of Mental Health Act or S136 assessments undertaken over 2020, compared with 2019.

Conclusion. CAMHS out-of-hours presentations dropped off significantly at the start of the COVID-19 pandemic in the UK, and in particular, with the first lockdown (March to July 2020). Specialist Registrars provided advice via telephone less frequently in 2020 compared with 2019, and were required to do fewer on-site assessments of children and young people presenting with mental health difficulties.

There were no significant differences in Mental Health Act or S136 assessments between the two years, however, these numbers are too small to make any meaningful conclusions.

It is likely that children and adolescents were less likely to present to emergency departments for assessment of their mental health difficulties during the COVID-19 pandemic, rather than this reflecting a true reduction in mental health difficulties.

Recommendations:

It is helpful to continue to monitor CAMHS out-of-hour presentations.

Trusts may want to consider alternative settings for providing emergency CAMHS assessments, for example, mental health hubs.

Limitations:

This provision of data is subject to recall bias.

Service evaluation project: the effects of healthy weight commissioning for quality and innovation (CQUIN) interventions on metabolic parameters of service users in a medium secure forensic ward

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Aims. Service users of secure forensic units can be prone to weight gain due to various reasons including medications, physical illnesses, sedentary habits and mental health difficulties. They in turn are at greater risk of obesity related health problems like Diabetes, Hypercholesterolaemia, Ischaemic Heart Disease, Depression among others.

Our project was aligned with government's plan to improve prevention and screening for the obesity and metabolic syndrome among the patients of medium secure facilities by 2020.

Our primary objective was to gather and analyse the data on current metabolic parameters such as weight, body mass index (BMI), blood pressure (BP) and biochemistry markers of the service users on a 18 bedded Male medium secure long term rehabilitation ward.

Our secondary objective was to suggest healthy weight interventions that would help patients to loose weight and to explore the effects of these interventions on biochemistry markers and vital signs parameters.

Method. We collected cross sectional data in given period of time (mid-March 2020). Seventeen service users were included in the final sample. Following initial data collection, we suggested various healthy weight interventions for the patients and repeated data collection after four months (July 2020).

Interventions offered:

Healthy eating group

1:1 sessions with doctors and pharmacists

Gym referrals

Dietician referrals

Relaxation group

Result. Baseline

Fourteen patients on the ward (n = 14) were found to be either overweight or obese. Two patients (n = 2) had high BP, twelve patients (n = 12) had deranged lipid profile, six (n = 6) had high blood glucose (existing Diabetes).

Following intervention

Fourteen patients (n = 14) remained either overweight or obese. Nine patients (n = 9) lost weight following the intervention. Eight patients (n = 8) gained weight over 4 months. In both of the patients (n = 2) with raised BP the readings came back to normal after the intervention. One (n = 1) patient with normal BP at the baseline had high blood pressure following intervention.

Conclusion. Our service evaluation projects revealed that majority of the patients on the ward had deranged metabolic parameters such as increased BMI, abnormal blood tests and high BP.

Following our intervention more than a half of the patients lost weight whilst other half gained weight during the period of observation, which we suspect is associated with significant physical activity restrictions during the coronavirus pandemic. In both