

“Lost between the interface of physical and mental health”: focus groups exploring liaison psychiatry staff’s perception about working during the first wave of the COVID-19 pandemic in Birmingham and Solihull Mental Health Foundation Trust

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Aims. As the COVID-19 pandemic continues, increasing attention is being drawn to the welfare of healthcare providers who have endured many months of sustained exposure to the virus, disrupted working conditions and psychological stress. This project aimed to explore the subjective experiences of staff working in Liaison Psychiatry (LP) in the Birmingham and Solihull Mental Health Foundation Trust, (BSMHFT) during the first wave of the COVID-19 pandemic. These findings have been used to devise recommendations for subsequent waves.

Method. Data collection occurred as part of a mixed method service evaluation project. We invited all clinical and non-clinical staff from LP departments across BSMHFT to participate in focus groups conducted via Microsoft Teams. The focus groups were video-recorded and facilitated by a moderator and an observer. Subsequent anonymised transcripts were coded and themes were generated by at least two evaluators, using thematic analysis.

Result. The focus groups, which ranged from 21 to 69 minutes, involved consultants, junior doctors and nurses from four hospitals within BSMHFT. Six major themes emerged including an initial reduction in number yet increase in acuity of patients seen by LP, with some perception that this resulted from reduced face-to-face contact with community mental health services. A feeling that LP was lost at the interface between the physical and mental health trusts emerged as another theme. Uncertainty in adapting to unprecedented working conditions, for example, unclear guidance concerning the use of personal protective equipment, was also described alongside anxiety about contracting and transmitting SARS-Cov-2. Additionally, increased pressure was felt due to staff shortages and inadequate inter-departmental communication. Participants reported differential uptake of remote working, as well as conflicting views regarding the feasibility of remote assessments in LP.

Conclusion. Liaison psychiatry staff within BSMHFT continued to provide a crucial service during the COVID-19 pandemic. Focus groups with these staff indicate several recommendations for implementation within the Trust and provoke questions for future research. Due to the unique role that LP plays in providing mental health care within general hospitals, clear guidance for LP staff is key for effective service provision and supporting LP staff. Although used widely across community mental health services, the role of remote working in LP is contentious and requires further exploration. However, there are limitations to the use of focus groups and these findings may not fully represent the experiences of LP staff throughout BSMHFT. Different themes may have emerged through the use of anonymous questionnaires.

The impact of first COVID-19 peak on patient referrals to Liaison Psychiatry Service and staff perception about service provision in Birmingham and Solihull Mental Health Trust Birmingham - a service evaluation project

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Aims. Based on recommendations from the Royal College of Psychiatrists, this project aimed to evaluate the impact of the first peak of the COVID-19 pandemic on referral patterns to the Queen Elizabeth Hospital Birmingham (QEHB) Liaison Psychiatry (LP) service. Additionally, we aimed to explore staff experiences in LP services across Birmingham and Solihull Mental Health Trust (BSMHFT) in order to generate Trust recommendations promoting optimal healthcare provision amidst the on-going pandemic.

Method. A mixed method service evaluation was conducted using quantitative and qualitative analysis. Quantitative methods involved reviewing referrals made to the QEHB LP service from March to June 2020, compared with the equivalent time period in 2019. Data were retrospectively extracted from the electronic clinical databases RIO and PICS, and subsequently analysed using Microsoft Office. The number of, and reasons for referrals to LP were identified, whilst focus groups were conducted to explore the subjective experiences of staff working across BSMHFT LP services.

Result. Between 1st March and 30th June 2020, 984 referrals were made to the QEHB LP service, compared to 1020 referrals in 2019, representing a 3.5% reduction. From 2019 to 2020, referrals due to psychotic symptoms and deliberate self-harm rose by 12.8% and 14.1% respectively, whilst referrals for drug and alcohol-related causes reduced by 28.3%. A significant increase (150%) in referrals for medication or management advice was seen. Focus groups indicated that staff perceived an initial reduction in number of referrals, but an increase in the acuity of patient presentations.

Staff reported anxiety around contracting and transmitting SARS-Cov-2, exacerbated by uncertainty around patients’ COVID-19 status. In QEHB, sixty-five of the 984 referrals (7%) had a positive SARS-Cov-2 PCR swab, with the remaining 919 referrals being either negative (68%) or unknown (25%). Ninety-six percent of consultations were conducted face-to-face in QEHB. There were conflicting views amongst staff regarding whether more consultations could have been conducted remotely. Furthermore, varying perceptions of support and communication from both the physical and mental health trust were reported.

Conclusion. Quantitative data indicates that COVID-19 impacted LP healthcare provision in BSMHFT. Whilst referral numbers remained similar between the equivalent period in 2019 and 2020, a change in the nature of referrals to LP at QEHB was seen. This was corroborated by qualitative data which highlighted a perceived change in acuity of referrals. These findings have been disseminated across the Trust and subsequent recommendations are being implemented during the on-going pandemic.

Mariposa House service evaluation project & co-production: new women's NHS forensic community step-down hostel

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Aims. To understand and learn from patients' views and experiences. Ultimately, to improve quality, safety, and patients' experiences and outcomes.

Service evaluation project of Mariposa House, London, the new women's forensic high support community step-down hostel after hospital admission. Run in partnership with Langley House (charitable) Trust. It is a co-produced, rare and innovative service - to our knowledge the only NHS women's service of its kind in England. In female and forensic community populations: transitions are the highest risk periods; the same treatment as men is unlikely to produce the same outcomes; and performance indicators and outcome measures are poorly understood.

Method. Confidential patient questionnaire and self-reported Recovering Quality of Life (ReQoL) measure. Given to all patients in Mariposa House, before (in hospital) and 2-3 months after transfer to hostel. Themes included "my: care; voice (co-production); transition; & gender". 12 questionnaires were received from 9 patients: 5 completed both pre- & post-; 3 (20%) were given but not received. Analysed by thematic content analysis. Additional focus group feedback session with patients and staff.

Result. Overall, patients had very positive and similar views about both hostel and hospital(s), and similar views about both. Generally, patients feel treated with compassion, dignity and respect, and listened to and understood by staff members. They feel involved in and positive about their care.

There was a huge amount of involvement in co-producing the service and feeding back experiences, which has been very helpful. Co-production activities included: interviewing for staff and tenders; choosing hostel building; stakeholder meetings; and participating in meetings about training, policies and expectations. "I've been in hospital for so long moving was scary! But helping set up the project has given me confidence to move."

There was strong agreement that transitions are difficult. Views on gender-specific needs being met were very positive, for both hostel and hospital. The main area for improvement was having better awareness of local neighbourhood and facilities - booklet now produced. Quality of life measures were at least maintained from hospital to hostel: 80% (n = 4) showed no reliable improvement/ deterioration, and 20% (n = 1) showed reliable improvement.

Conclusion. There are very positive and similar views about the hostel and hospital(s). Co-production and service user involvement has been very helpful. The new hostel has maintained patient satisfaction and quality of life measures compared to established inpatient services. These are positive findings, and crucially: in a less- secure, contained, established, and cheaper new community setting, involving complex and challenging transitions.

Are acute psychiatric units providing adequate inpatient services for borderline personality disorder patients?

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Aims. To assess the adherence to NICE guidelines CG78 (1.4) regarding the inpatient services provided for BPD patients at an acute psychiatric unit (The Oleaster).

Borderline personality disorder (BPD) patients are frequent users of psychiatric inpatient services. However, evidence suggests that inpatient treatment is ineffective in the long-term recovery of such patients. The inpatient services at the Oleaster will be audited against NICE guidelines for BPD. We hope to improve the care of patients with BPD and ensure effective use of psychiatric resources.

Method. Retrospective case notes review of 35 patients admitted into the Oleaster from 1/11/2018–31/10/2019. This was taken from an initial sample of 72. Patients were excluded if they were admitted for other concomitant mental or behavioural problems (except problem use of tobacco, drugs or alcohol).

Result. 69% of patients were referred to other mental health services (e.g CRHT/HTT, other local alternatives, liaison team) prior to admission. There was no evidence of referrals in 31% of the sample population.

The reasons for admission include significant risks to themselves/others (n = 14) and detention under MHA (n = 14). Reasons were not noted in 7 patients.

Advance agreement on the length and purpose of admission took place in 19 and 27 patients respectively. Discussion of potential harms and benefits of admission only took place in 4 patients. Discussion was not applicable in 2 patients who lacked capacity.

Of the patients admitted ≥ 2 times in the previous 6 months, only 38% had a CPA review arranged. It was not arranged in the remaining 62%.

Conclusion. There is room for improvement in the appropriate admission and documentation of BPD patients. Referral prior to admission was well adhered but documentation was unclear. Implementing a set checklist before admission could be recommended. Active involvement of patients was inadequate. It is especially lacking in regard to informing patients of the potential harms of admission. This can be improved by educating patients and staff on this matter. CPA reviews were not arranged in a timely manner. Placing an alert on patients' records when they are admitted again within the last 6 months would help to reduce this issue. Overall, greater effort is required to ensure patient's most current needs are met and that limited psychiatric resources are used effectively.

Has vitamin D had its day? An audit of vitamin D, prolactin and HBA1C monitoring over one year in an in-patient secure service

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