Women of childbearing age were deemed to be those between the ages of 15 and 45, based on the World Health Organization's definition. However, the sample for this audit includes females aged 18–45 years due to the minimum age restrictions of the ward.

All eligible female inpatients had their physical health forms and progress notes screened for documentation of whether a) the possibility of them being pregnant was explored b) if a pregnancy test was done and c) if a contraceptive history was taken.

Result. Only 57% of female patients admitted during this period were asked about their contraceptive habits. Furthermore, exploration into the possibility of pregnancy occurred in less than half of admitted patients.

Further analysis was done by age; 18-26, 27-35 and 36-45, but showed minimal variation.

Conclusion. This audit revealed that Royal College of Psychiatrists and local guidelines are not being met, with women not receiving the recommended assessment and counselling in regard to pregnancy and contraception.

Inpatient admissions provide a valuable opportunity for identifying and preventing potential harm in the case of unplanned and undetected pregnancies. All health care professionals need to be aware of the importance of asking the above questions and ensure they are explored at some point during a patient's admission.

The audit will be discussed at forthcoming Clinical Governance meeting for further recommendations followed by re-audit.

It's a risky business: use of the QCovid risk calculator in a psychiatric rehabilitation population to enhance prevention

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Aims. Serious mental illness (SMI) is now accepted as a significant risk factor for contracting COVID-19, increasing the rates of adverse outcomes, including hospitalisation and mortality. Risk assessments are the cornerstone of protecting vulnerable groups of individuals. The QCovid risk calculator is a newly developed tool to predict the risk of death or hospitalisation from COVID-19. It has not been applied in SMI populations. We aimed to use the QCovid risk calculator in an inpatient rehabilitation setting to identify and mitigate risk for people with SMI with personalised COVID-19 prevention plans.

Method. Clinical and sociodemographic characteristics were obtained for 22 inpatients. Firstly, the QCovid risk calculator was used to ascertain the absolute and relative risks to patients (Odds Ratios (OR) of mortality and/or hospitalisation) from COVID-19. Patients were stratified as high (OR > 10), moderate (OR 5-10) and low (OR < 5) risk. Secondly, personalised COVID-19 prevention plans were coproduced by patients and clinicians addressing 1) risk factors contributing to increased QCovid risk, 2) patient's personal goals, concerns, and preferences 3) maximizing patient engagement in COVID-19 infection prevention strategies. Finally, uptake of personalised COVID-19 prevention plans was evaluated after four weeks using a customised patient feedback questionnaire.

Result. Of the 22 inpatients (68% male), 14 patients (64%) had schizophrenia and 3 patients (14%) had schizoaffective disorder as primary diagnosis. 13 (59%) patients were prescribed clozapine. QCovid risk stratification showed 10% of patients as high risk, 29% as moderate risk, and 61% as low risk. Apart from SMI in all 22 inpatients, the most common QCovid risk factors were increased body mass index (64%, n = 14; 23% overweight and 41% obese), diabetes mellitus type 1 or 2 (27%, n = 6) and epilepsy (n = 4, 18%). 19 of the 22 patients provided feedback on their personalised COVID-19 prevention plans. Most patients (79%) felt they had "contributed significantly" to their COVID-19 prevention plans, and their individual goals and concerns were valued. 79% were "satisfied" with their COVID-19 prevention plans. Subjective perception of safety from COVID-19 was high, with 95% of patients feeling "safe and well-protected from COVID-19".

Conclusion. Comprehensive assessment of COVID-19 risks in vulnerable groups enables personalised risk mitigation, both at an individual and service level. Our findings show the importance of applying current knowledge to protect vulnerable patients with SMI through personalised prevention plans. This approach can be scaled up to understand risks for services and teams, while allowing clinicians to adapt their use for individualised COVID-19 prevention.

The impact of the COVID-19 pandemic on referrals to liaison psychiatry services at University Hospital Hairmyres, NHS Lanarkshire

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Aims. The COVID-19 pandemic has led to sweeping public health restrictions with predictable impact on mental health. In Scotland, lockdown measures during the first wave of the pandemic commenced on 23rd March 2020 and only began to ease after 29th May 2020. The aim of this study was to evaluate the impact of the first wave of the COVID-19 pandemic on the number and type of referrals made to the adult psychiatric liaison nursing service (PLNS) at University Hospital Hairmyres, NHS Lanarkshire.

Method. We collated all of the archived referrals made by our local emergency department to the PLNS at University Hospital Hairmyres for adults (aged 18–65 years) during the period of the first COVID-19 national lockdown (April-July 2020) and the corresponding period one-year prior (April-July 2019) to analyse differences in referral numbers and demographics. Additionally, for referrals made during 2020, we conducted a qualitative review of electronic records to determine the reason for referral, contributory stressors to presentation, and in particular any effect from COVID-19.

Result. A total of 549 referrals were made over the study period, with 320 in 2019 and 229 in 2020, a decrease of almost 30%. In 2019, referrals fell each month from April (n = 89) to July (n = 74), while this trend was reversed in 2020, rising from April (n = 45) to near-usual levels by July (n = 68). Compared to baseline, referrals in April 2020 were for a higher proportion of men (62.2%). On qualitative analysis, 26 records (11.3%) could not be found. Otherwise, the most common reasons for referral were suicidal ideation (43.3%) and/or deliberate self-harm (39.9%). Many patients presented with comorbid substance misuse (54.2%) and the majority were not known to community services (64.5%). COVID-19 was implicated in 48 referrals (23.6%), but only 2 of these arose as a direct result of infection.

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