Royal College of Psychiatrists
Faculty of General Adult Psychiatry
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POSTERS

1. Developing a Foundation Year One (FY1) Doctor post in a Crisis Resolution & Home Treatment Team

Dr Holly Blair, South West London & St George’s Mental Health NHS Trust, Dr Adil Akram, South West London & St George’s Mental Health NHS Trust

Aim
To review an innovative four month foundation year one (FY1) post newly created with Merton Home Treatment Team (MHTT) (South Thames deanery).

Background
The number of FY1 psychiatry posts have increased. A new FY1 post awarded to MHTT in 2013 was developed to meet the FY1 curriculum & provides a unique training opportunity, potentially encouraging psychiatry recruitment.

Methods
Evaluating the MHTT FY1 doctor’s experience & assessing how it meets the FY1 core curriculum. A logged record of activities undertaken during the firm were reviewed and a weekly timetable is presented in detail.

Results
Key curriculum aspects are outlined, with how this firm successfully achieves them as a model of psychiatry education, training and service development.

- Professionalism
  - Leadership: Opportunity to closely observe a leadership role
  - Continuity of care: To develop knowledge & experience of core psychiatric conditions & their presentations. Re-referrals pre/post admission for care at home for up to 6 weeks.
- Relationship & communication with patients
  - Clear communication in a crisis is vital & challenging, patients may be unwilling to engage or it can be difficult due to the nature of their symptoms.
- Ethical and legal issues
  - Learning about making complex risk assessment & prescribing decisions, Mental Health Act exposure
  - Home visits allow a unique window on how people live & cope with mental illness.
- Teaching
  - Regular 1-to-1 teaching sessions and opportunities to learn from other healthcare professionals.
One day a week on the acute medical ward (AMU) enables completion of core clinical procedures in the curriculum which is not normally possible in a community psychiatry firm.

Conclusion
New FY1 psychiatry posts provide an enriched psychiatry training opportunity for new doctors. The MHTT FY1 post has been developed to provide a unique experience for promoting a career in psychiatry & tackling negative perceptions of psychiatry whilst training a well-rounded FY1 doctor. We anticipate that many of this new generation of FY1 doctors will actively pursue a career in Psychiatry.

2. "A patient Buddy Scheme" for doctors new to psychiatry - Bringing the horse to the water.
Amy Au-Yong  CT2 in Psychiatry, Nottinghamshire Healthcare NHS Trust

Aims and hypothesis
To evaluate the benefits of a Buddy Scheme offering semi-structured meetings between inducting junior psychiatrists and trained volunteer service users/carers.

Background
Expanding the role of patients in the training of healthcare professionals is becoming increasingly common. Many trainees come to psychiatry with no personal experience of mental disorders, for some psychiatry is not their first career choice. The ability to empathise with the experiences of psychiatric patients and their carers is highly variable and depends largely upon medical school exposure. This poster describes the implementation of The Buddy Scheme for junior doctors starting their psychiatry rotations in both August 2012 and December 2012.

Methods
A Buddy Scheme Training Package (1) was purchased and used for guidance. Fifteen buddies, a mix of service users and carers, were inducted and trained. Eighteen junior doctors were approached from the August 2012 new starters and 24 from December 2012. Both buddies’ and doctors’ views were evaluated by questionnaires with qualitative and quantitative components, before and after the meetings.

Results
There were difficulties motivating doctors to participate, although this was greatly improved by relatively small administrative changes in the second cohort. The doctors’ quantitative ratings of the impact of a mental health problem on the life of a sufferer averaged 3.50/5.00 before the meeting; after the meeting this increased to 4.25/5.00 (a 15% increase). Qualitative themes for doctors included “mutual understanding and insight” and “personal development”. A further theme for the buddies was one of “giving back”
Conclusions
The Buddy Scheme is of benefit, as part of the initial induction, to junior doctors new to psychiatry, by facilitating an ability to empathise with patients and carers at an early stage.

References
1: http://www.thebuddyscheme.co.uk

3. An Audit of Baseline and Follow-Up Blood Tests on Commencing Atypical Antipsychotics in the General Adult Outpatient Department

Neil Crossley, Pennine Care NHS Foundation Trust, Sarmad Nadeem, Pennine Care NHS Foundation Trust

Introduction
Patients treated with atypical antipsychotics are at increased risk of a number of physical health complications including hyperlipidaemia, diabetes, hyperprolactinaemia and hypothyroidism. Trust guidelines state initial and follow-up blood tests should be performed to monitor for these side effects.

Aim
To assess to what extent the General Adult Outpatient Department at Fairfield General Hospital was compliant with Trust and national guidance on baseline blood tests for full blood count, urea and electrolytes, liver function, thyroid function, random plasma glucose, lipid profile and prolactin. It also looks at initial follow-up tests required between one and six months that include glucose and lipid monitoring.

Method
Pharmacy documents were used to gather a database of those started on atypical antipsychotics and their demographics and blood test results were looked up on the electronic system.

Results
Over a one year period forty-seven patients were started on atypical antipsychotics and were included in the audit. Of these, nobody received the complete course of required baseline and follow-up tests. The results were disappointing with only 12.8% receiving all the baseline tests and only 5.4% receiving follow-up tests.

Conclusions and Recommendations
There is overall poor compliance with baseline and follow-up blood tests. This could pose a risk to patient safety. The recommendations from this audit include development of an aide memoire to help guide follow-up tests, advice to hand out repeat blood forms when prescribing the medication, greater involvement of the care co-ordinator in organising follow-up blood tests, more use of the physical health section of the patient care plan and clarification amongst the psychiatrists that it is their role to ensure patients are adequately followed up until their antipsychotic
medication is stable. As the results have been so poor, the intention is to implement these recommendations as soon as possible, and conduct a re-audit of services in twelve months time.

4. **An Audit on the Metabolic Monitoring of Patients on Long Term Antipsychotic Treatment in a Community Mental Health Setting**  
**Christina Kaewchaluay, University of Manchester**

Over the last decade antipsychotic medication has been strongly associated with the onset of metabolic syndrome. As a result the metabolic monitoring of patients on antipsychotics has become increasingly important, however, previous audits have found monitoring practices to be poor.

Our main aims were to: 1) Audit the metabolic monitoring of patients registered at West Strand House (a community mental health service based in Preston) against the Lancashire Care NHS Trust guidelines. 2) Observe whether abnormal results were being communicated successfully to General Practitioners.

A retrospective audit was conducted using 50 patients registered with the Complex Care and Treatment Team, who had been prescribed antipsychotics for over 12 months. Data was collected from eCPA (patient database), Pathlab, and general practices.

We found that the level of monitoring was particularly high for; body mass index (BMI, 88%), blood pressure (BP, 84%), full blood count (FBC, 86%), urea and electrolytes (U&E, 84%), liver function tests (LFT, 80%) and thyroid function tests (TFT, 72%), and low for pulse (62%) abdominal circumference measurements (30%) and prolactin levels (14%).

Furthermore, GPs were only aware of 48% of the physical health measurements (BMI, BP, abdominal circumference, pulse) and 77% of the metabolic results (FBC, U&E, LFT, TFT, prolactin) that we had detected as being outside the normal range.

Those patients prescribed clozapine had a significantly greater level of monitoring for BP, pulse, abdominal circumference and prolactin.

The results showed that overall metabolic monitoring still needs improvement, and better communication of the physical health problems between community psychiatry and the GP must be addressed, as GPs will ultimately action any treatment required.

Our recommendations are to provide education to improve monitoring levels, especially of; prolactin and abdominal circumference, and to add these parameters to the “requests to GPs” on our outpatient letters. Furthermore, a proforma detailing the physical health results, in addition to the abnormal blood result, should improve the transfer of this information to GPs.
Fiona Reid, Lancashire Care, Gurpal Singh Gosall, Lancashire Care

Aims and hypothesis
This qualitative survey aimed to understand the views of patients who had been subjected to control and restraint methods on mental health wards.

Background
Control and restraint is a management strategy employed to physically manage seriously disturbed or risky behaviour. The risk to patients is minimised by using it as a last resort with minimum force and only after all means of negotiation and persuasion have been tried.

Methods
Patients on seven general adult wards in two mental health units were approached after control and restraint techniques were used on them. Fourteen patients consented to be interviewed on their thoughts and feelings about the use of control and restraint using semi-structured interview techniques.

Results
Themes that emerged included feelings of embarrassment, and the experience of distress, pain and suffocation despite the use of approved techniques. Patients expressed anger and frustration that control and restraint had been used, that they were not adequately warned about it, and that limited explanation was offered afterwards about why it was used. Some patients acknowledged that the use of control and restraint was justified and gave suggestions on how it could have been avoided. The majority said that control and restraint did not have a deterrent effect.

Conclusions
Patients experience a range of thoughts and emotions after the use of control and restraint techniques that we found were rarely documented in the medical record. Although staff may use approved control and restraint techniques correctly, the perspective of patients on its use may differ. It is important to take time to explain to patients why it was used, to work with the patient on minimising its use in the future and to appreciate that what might be viewed as a routine procedure to staff can be a distressing experience for the patient.

6. Trifluoperazine versus Placebo for Schizophrenia: A Systematic Review
Kai Koch, Medical Student, University of Nottingham, Kamel Mansi, Cochrane Schizophrenia Group, The University of Nottingham, Euan Haynes, Work experience student, Clive Adams, Cochrane Schizophrenia Group, The University of Nottingham, Vivek Furtado, Forensic Psychiatry, Rampton Hospital, Retford, UK

Aims and hypothesis
We reviewed the best available evidence to determine the absolute effects of trifluoperazine for schizophrenia and schizophrenia-like illnesses when compared to
placebo. We primarily hypothesised that trifluoperazine would significantly improve global outcomes when compared to placebo.

Background
Trifluoperazine is an inexpensive long-established high potency typical antipsychotic drug used in the treatment of schizophrenia and schizophrenia-like illnesses.

Methods
We searched the Cochrane Schizophrenia Group Trials Register (2012), supplemented with hand searching, reference searching, personal communication and industry contact. All available randomised-controlled trials (RCTs) involving people with schizophrenia and schizophrenia-like illnesses that compared trifluoperazine with placebo were included. Studies were reliably selected and data was doubly independently extracted to reduce bias. We found only dichotomous data, using intention to treat analysis when possible. Data were estimated using relative risk (RR) with 95% confidence intervals (CI). Heterogeneity between studies was investigated by considering the I2 method alongside Chi2 P value. A Summary of findings table was produced, where possible, for each of the primary outcomes. Secondary and economic outcomes were also obtained.

Results
The review included 10 studies with a total number of 686 participants providing data for 22 outcomes. Overall, results suggested a significant improvement in clinical global state (6 RCTs, n=509, RR 6.44 CI 2.72-15.22), favouring trifluoperazine. Interestingly, meta-analysed data was equivocal between the two groups for leaving the study early (8 RCTs, n=613, RR 0.72 CI 0.45-1.16) due to adverse effects (7 RCTs, n=590, RR 1.00 CI 0.62-1.62).

Conclusions
Overall, our results suggested trifluoperazine is significantly more effective for the treatment of schizophrenia when compared to placebo. Large, independent trials are needed that adhere to the CONSORT statement to compare trifluoperazine to other antipsychotics used in the treatment of schizophrenia and schizophrenia-like illnesses.

Sources of Support
Cochrane Schizophrenia Group and NIHR Cochrane Programme Grant 2011, UK. University of Nottingham, UK

7. **A Structured Review on the Comparison of Psychotherapies as the Treatment for Patients with Borderline Personality Disorder**

_Eleri Allan._ 2nd Year Medical Undergraduate / Liverpool Medical School

**Aim and Hypothesis**
To compare different psychotherapies to determine the most beneficial treatment available for borderline personality disorder (BPD) patients. Dialectical Behaviour
Therapy (DBT) has been established as a recognised treatment in BPD. I will review the evidence and compare the clinical outcomes of this type of psychotherapy against other psychotherapy modalities - mentalization-based therapy (MBT), transference focused therapy (TFT) and schema-focused therapy (SFT).

**Background**

BPD patients have notable difficulties in detachment from a traumatic experience and often feel overwhelmed by it. DBT helps with the idea that the patient needs to accept the traumatic events in their past in order for positive change in their lives to be possible. MBT involves patients learning to “step back” from their thoughts. TFT focuses on how patients experience self, others and the environment. SFT tackles disturbing patterns of thought established from early childhood.

**Method**

The main database used to literature search was NHS Evidence. The healthcare databases included in the search were: EMBASE, PsychINFO and Medline. The inclusion criteria were: RCT, comparative studies, psychotherapy treatments and borderline personality disorder.

**Results**

Regardless of the outcome measures used, all types of psychotherapy reduced the symptoms of BPD significantly. In the studies compared, two out of three showed the greatest improvement with DBT.

**Conclusion**

The theory that DBT is the better psychotherapy for BPD is still inconclusive. To make any valid comparison, more studies and trials with larger sample sizes need to be undertaken. The most essential element to the four main psychotherapies researched is to reduce the self-destructive psychopathologic dysfunction of BPD and not to change overall personality. The main issue is that there is no “one size fits all” concept for the treatment of BPD; every individual patient has different experiences and so treatment will affect them differently.

8. **An analysis of referrals form a psychiatric liaison service to a Community Mental Health Team**

*Angela Holden, Doreen Blake, Birmingham and Solihull Mental Health NHS Foundation trust, Lisa Brownell, Birmingham and Solihull Mental Health NHS Foundation trust*

**Aims and hypothesis**

To evaluate the referrals from a Psychiatric Liaison Service to a Community Mental Health Trust (CMHT).

**Background**

CMHTs receive referrals from a variety of sources one of which is psychiatric liaison services in acute hospitals. Little is currently known regarding the quality or appropriateness of these referrals for treatment within a CMHT.
Methods
A retrospective electronic case note review of all referrals made by a psychiatric liaison service to a CMHT between June 2012 and August 2013.

Results
There were 49 referrals.

45 (92%) followed an assessment by a mental health nurse. In only 8 cases (16%) was there involvement of a psychiatrist in the initial assessment.

Completion of standardised assessments prior to referral was poor, as was formal assessment of risk.

The expectations of the CMHT as requested by the liaison service were outlined in the majority referral letters, although 47% merely requested “assessment” and 22% “support”.

Psychiatric diagnosis and HONOS cluster were very rarely stated. Presenting problem was low mood in the majority of cases (65%), anxiety in 12% and substance misuse in 18%.

All referrals were triaged by a multidisciplinary group of senior clinicians, and 32 (65%) referrals were screened out and diverted elsewhere as inappropriate for secondary care. Of the 17 offered appointments in the CMHT, only 8 (47%) attended. Of those, only one was considered to require CMHT follow-up and taken onto caseload. This represents 2% of original referrals.

Conclusion
With limited resources, CMHTs must focus on the management of individuals with complex and severe mental disorders. However, this study illustrates that the liaison team may not fully understand the role of the CMHT, or what other services are available to support those with less complex problems.

9. An evaluation of the timeliness and quality of discharge summaries following treatment in acute inpatient psychiatric units
Yasmeen Mulla, University of Birmingham, Lisa Brownell, Birmingham and Solihull Mental Health NHS Foundation trust

Aims and hypothesis
To evaluate the timeliness and quality of content of discharge summaries from acute adult inpatient psychiatric units.

Background
Clear communication following discharge from hospital is a key component of safe and effective care, particularly in functionalised services. It is important that information regarding risk and management plan is shared quickly and that there is clarity regarding responsibility for follow-up and prescribing.
Methods
A retrospective case-note review of all discharges in March 2013 from all general adult acute inpatient units in a large Trust. Data collection was undertaken in August 2013.

Results
143 patients were discharged in March 2013.

Only 66% of these had a discharge summary completed.

The average delay between discharge and the production of a discharge summary was 23 days (range 1 to 134 days). 35% were done more than 4 weeks after discharge.

In terms of content of discharge summary, 100% of discharge summaries included admission date and discharge date. 96% included a diagnosis.

A clear statement of risk was only indicated in 22% of discharge summaries.

All the summaries included what medication was prescribed at discharge. However, in only 6% was it clear who would be prescribing the medication. 56 patients were receiving medication which would require on-going monitoring of physical health, yet this was stated in only 9% cases. 27 patients were prescribed a benzodiazepine or hypnotic, which would require discontinuation, but recommendations for discontinuation were stated in only 7% cases.

Conclusions
It is worrying that discharge summaries are not produced for 34% patients. It is also concerning that there is often a significant delay in producing summaries. It is disconcerting that clear statements of risk, responsibility for prescribing and medications which need on-going monitoring or discontinuation, are rarely included. In a Trust that has a functionalised service, detailed and timely discharge summaries are essential for patient safety.

10. An Evaluation of the Use of Long Acting Antipsychotic Injections In a Community Mental Health Team (CMHT)
Sai Nimalanathan, University of Birmingham, Lisa Brownell, Birmingham and Solihull Mental Health NHS Foundation trust

Aims and hypothesis
To determine whether service users receiving long acting antipsychotic injections are monitored regularly and appropriately, have enough information about the treatment they receive, and are involved in decision-making regarding their treatment.

Background
Long acting antipsychotic injections are commonly used, yet have potentially
serious side effects. Monitoring, information sharing and shared decision making are important in this group.

Methods
From a CMHT caseload of 700, 67 were receiving long acting antipsychotic injections. A case note review evaluated psychiatric, side effect, medication and physical health reviews.

A postal questionnaire was used to determine whether service users felt that they had enough information before starting treatment, whether they were involved in the initial decision, and their current level of understanding and involvement regarding their treatment.

Results
Within the previous 12 months, 97% received psychiatric review, 88% a medication review, all patients had their side effects evaluated and 82% received a physical health check.

The response rate for the questionnaire was 57%. 54% had received depot injections for over 10 years.

At the time the medication was started, 53% felt that they had no say in the treatment decision and 31% felt that they did not have enough information.

However, currently, 72% felt that their views were taken into account, 87% felt that they had sufficient opportunity to ask questions about their treatment, 79% are aware of potential side effects, 97% are aware of the purpose of their treatment and 90% are satisfied with their treatment.

Conclusion
The CMHT does well in terms of the monitoring, although there is scope to improve the monitoring of physical health. Although service users’ understanding of and involvement in decisions regarding their treatment now is good, this was often not the case at the time the treatment was started, highlighting a need to continually check understanding and offer further information.

11. Outcomes achieved by a supported employment service in secondary mental health care
Jennifer Burgess, St George’s University of London

Aims
To benchmark job outcomes that can be expected from an established supported employment service for Community Mental Health Team (CMHT) patients.

Background
Less than one in ten mental health patients in the United Kingdom (UK) support themselves solely through paid employment. Traditionally patients have been
encouraged to undertake further education or volunteer work. An approach developed in the United States (US) called Individual Placement and Support (IPS) aims instead to increase the numbers of patients in mainstream, competitive, paid work. In randomised controlled trials, an average of 58.9% of IPS patients gained competitive employment, compared with 23.2% who used traditional approaches. US services achieve significantly higher employment outcomes than those in other countries; the only trial in the UK found no difference between IPS and control groups.

Methods
The design was a retrospective case series. 61 patients using the IPS service between 31st July 2007 and 31st August 2012 were identified from the Employment Specialist’s electronic diary. Data was collected from electronic notes.

Results
39 (63.9%) were male, and mean age was 37.4 years (SD=8.82). 39 (63.9%) were White (British/Irish/Other) and 14 (22.9%) Black. The median length of contact with secondary mental health services was 8 years (range 0-29), and the median number of psychiatric hospital admissions was 2 (range 0-15). 36 (59.0%) patients had a primary diagnosis of schizophrenia, schizotypal and delusional disorders. 27 patients (44.3%) worked for at least one day in paid, competitive employment (the outcome measure used in other IPS trials). 8 patients obtained more than one job, and 17 (47.2%) jobs were in the service and sales sectors.

Conclusions
IPS services in the UK can expect over 40% of patients to obtain open, paid employment. While this is less than reported by US trials, it is double than what would be expected from traditional services.

12. Body Dysmorphic Disorder; The Impact of Experiences of Abuse and Witnessing Intimate Partner Violence

Maria Butt. St George’s, University of London, Lynne Drummond, St George’s, University of London

Aims and Hypothesis
The main aim of this study was to explore whether incidents of emotional, physical or sexual abuse or witnessing intimate partner violence towards at least one parent affected the treatment of Body Dysmorphic Disorder (BDD). The hypotheses were that patients that had encountered these forms of abuse would have higher rates of dropout from treatment and would have a poorer outcome of treatment. The primary aim was to explore the relationship between child abuse and outcome of treatment; the secondary aim was to carry out the same investigations using incidence of adult abuse.

Background
BDD is a devastating psychopathology that can have a crippling effect on a
patient’s social and academic functioning. It has been speculated that experiences of maltreatment may contribute to the development of BDD, leading to the notion of maltreatment potentially affecting outcome of treatment.

Methods
Data was collected retrospectively from 33 (male=17, female=16) patients from the National OCD/BDD (Body Dysmorphic Disorder) Unit, part of St. George’s and South West London Mental Health NHS Trust. The group was divided into ‘dropout’ and ‘non-dropout’ cohorts. Categorical and continuous variables of the two cohorts were compared using SPSS.

Results
Childhood emotional abuse was found to have significantly increase the severity of BDD at the start of treatment (p value <0.05). Adult emotional and sexual abuse was found to significantly increase likelihood of drop out of treatment (p value <0.05). Patients that dropped out from treatment had a poorer outcome of treatment (p value <0.01) Exposure to intimate partner violence does not have any effect on any aspect of BDD.

Conclusions
Child abuse plays a role in dictating the severity of BDD prior to treatment. The outcome of treatment of BDD is dictated more so by compliance to treatment than by the preceding factors that an individual has experienced.

13. The impact of seniority of assessor on outcome of assessment of patients detained under 136 of the Mental Health Act.

Peter Carter, North East London NHS foundation trust, Sri Cherukuru, Cumbria Partnerships in Care NHS foundation trust, Dekan Albasha, Barts and the London School of Medicine and Dentistry

This study tests 2 hypotheses:

1. if a 136 patients is assessed by a senior doctor, then the time to assessment will increase

2. If a 136 patient is assessed by a senior doctor, then detention under the mental health act is the more likely outcome.

Background
Within NELFT, 136 assessments have traditionally been undertaken by junior doctors, only calling on senior doctors if a mental health act assessment is indicated.

In February 2012, all assessments are completed by senior doctors (ST4-6) and SAS doctors.
The aim of this change is to ensure that assessments are completed more quickly and by more senior doctors. This study assesses the impact of the assessor’s seniority on the time and outcome of the mental health act assessment.

Monitoring forms are kept for all 136 assessments presenting at NELFT hospitals. These forms were collated for a 2 month period in 2011, before the change and a 2 month period in 2012, after the change.

Total 136 assessments 2011 - 59; 2012 - 84
Time to reach decision 2011 - 19.42 hrs; 2012 – 13.47hrs
Proportion admitted under section 2011 - 9/28; 2012 – 16/42

Conclusions.
• the average time taken to assess 136 by the junior doctors is shorter than the senior doctors.
• more assessments by senior doctors end in detention under MHA.

14. Psychological distress in mothers of children admitted to a nutritional rehabilitation unit in Malawi - a comparison with other paediatric wards.
Sarah Colman, Medical Student, University of Birmingham, UK, Robert Stewart, Institute of Brain, Behaviour and Mental Health, University of Manchester UK and Department of Mental Health, College of Medicine, University of Malawi

Background
There is considerable evidence that child undernutrition is associated with poor maternal mental health in low-and-middle-income countries. In a previous study we found a very high prevalence of psychological distress in mothers of children admitted to a Nutritional Rehabilitation Unit (NRU) in Malawi, Africa.

Aims and Hypotheses
Our objective was to compare the prevalence and severity of maternal distress within the NRU with that in other paediatric wards. Given the known association between poor maternal psychological wellbeing and child undernutrition, we hypothesised that distress would be higher amongst NRU mothers.

Methods
Mothers of consecutive paediatric inpatients in a NRU, a high dependency unit and an oncology ward were assessed for psychological distress using the Self Reporting Questionnaire (SRQ). 268 mothers were interviewed (90.3% of eligible).

Results
The prevalence of SRQ score ≥8 was 35/150 (23.3% (95% CI 16.8% to 30.9%)) on the NRU, 13/84 (15.5% (95% CI 8.5% - 25.0%)) on the high dependency unit and 7/34
on the oncology ward (χ² = 2.04, p=0.36). In linear regression analysis, the correlates of higher SRQ score were child diarrhoea on admission, child diagnosed with tuberculosis, number of living children, and maternal experience of abuse by partner; child height-for-age z-score fell just outside significance (p=0.05).

Conclusion
In summary, we found no evidence of greater maternal distress among the mothers of severely malnourished children within the NRU compared to mothers of paediatric inpatients with other severe illnesses. However, in support of previous research findings, we found some evidence that poor maternal psychological wellbeing is associated with child stunting and diarrhoea.

This project was funded by the University of Birmingham, InterCalated Batchelor of Medical Science degree course at the University of Birmingham, UK; and Professor Francis Creed’s Journal of Psychosomatic Research Editorship fund (BA00457), administered through University of Manchester, UK.

15. Examining Self-harm and Suicide attempts in Body Dysmorphic Disorder.

Caroline Louise English, St George’s University of London, Abdelaziz Elgindi, St George’s University of London, Himanshu Tyagi, springfield university hospital, Lynne Drummond, springfield university hospital

Aims and hypothesis
To investigate how often patients with Body Dysmorphic Disorder (BDD) engage in self-harming behaviour including parasuicide, suicidal behaviour and substance misuse.

Background
BDD is a distressing or impairing preoccupation with an imagined or slight defect in appearance. Previous studies suggest that BDD sufferers are extremely likely to engage in self-harm behaviours. We examined patterns of self-harm, suicidal and substance misuse behaviours in a cohort of patients with severe, refractory BDD.

Methods
Successive patients receiving treatment at specialist BDD service between 2006 and 2012 were included. These patients suffered from refractory and complex conditions. Full psychiatric assessments were recorded on all patients. Information pertaining to self-harm was recorded and analysed using SPSS version 21.

Results
Thirty nine patients were included; twenty women and nineteen men, with an average age of 33.0 years (range of 18-63, SD of 11.62). The average age of onset of BDD was 16.0 (range of 10-33 and SD of 5.75).
Eighteen patients had self-harmed (46%), eleven had taken an overdose (28%) and eight had reported a violent method of self-harm (21%). Self-harm was more common in women (n=13) than in men (n=5). Fourteen patients used illicit substances (36%). Self-harm was reported in seven out of eleven cannabis users (64%), three out of five cocaine users (60%), one LSD (100%), one heroin (100%) and two amphetamine users (100%). Interestingly, excessive alcohol consumption was not related to other self-harm behaviour. Five patients consumed more than the recommended alcohol intake in those who did not self-harm (13%) compared with three in those who did self-harm (8%).

Suicidal ideation alone was higher in those who did not self-harm (n=15,38%), compared with those who did (n=4, 10%).

Conclusion
This paper shows a high incidence of self-injurious behaviours including illicit drug misuse amongst patients with refractory and complex BDD.

16. Students’ knowledge about club drugs; an evaluation of accessible information
Sophie Swinhoe, University of Bristol, Amy Green, University of Bristol

Hypothesis
Access to high quality, appropriate information on club drugs is limited.

Aims
1) To investigate what students know about club drugs.
2) To assess what information is currently available about club drugs.

Background
Club drugs are used recreationally to enhance the clubbing experience. They are unregulated and evolving. Their impact on mental health has only recently started to emerge with anxiety, psychosis and other mental health issues linked with their usage. Therefore medical professionals, especially psychiatrists and the public need to be aware of the associated risks.

Methods
Bristol University students completed an on-line survey that investigated their knowledge of three club drugs: ketamine, mephedrone and GHB. It also asked what sources of information they have used to learn about them. The DISCERN guidelines were then used to critically evaluate sources of information that are most easily accessed by the public.

Results
36 students completed the survey. 92% were aware of ketamine, 75% of mephedrone and 22% of GHB. They were often aware of the most dramatic facts associated with the respective drugs but were generally unsure. The main sources of information were friends and the Internet.
On-line information was found using the Google search engine. 10 websites were appraised using the DISCERN guidelines; no other sources of information were readily available. The information was rated on a scale of 1-5, with 5 representing the optimum standard for the information. The scores ranged from 1.54 to 3.79 with a mean of 3.73.

Discussion
The survey illustrates the crucial need for correct and audience appropriate websites. Current sources of information were variable in their quality and there is room for improvement. Clinical experience, research and the on-line literature highlight that mental health issues exist within club drug culture. Therefore, mental health professionals need to know about the relationship between mental health and club drug use and where to direct patients who are looking for quality sources of information.

17. Initial engagement with psychiatric services of patients with early psychosis; a systematic review

Sazgar Hamad, Bushy Field Hospital-Dudley, Harman Saman, Solihull General Hospital
Sita Ratna, Bushy Field Hospital-Dudley

Hypothesis
Disruption to life functioning need not occur, if psychosis is detected early. Gaining insight into obtaining prompt psychiatric care in early psychosis is essential for early detection and effective treatment of first-episode psychosis.

Background
Psychosis can disrupt a very critical stage of a young person's life. Adolescents and young adults are just starting to develop their own identity, form lasting relationships, and make serious plans for their future. Being able to treat psychosis early greatly increases the person's odds of being able to enjoy a healthy and productive future. The past twenty years saw a growing optimism about better outcomes in schizophrenia and related psychoses.

Methods
A systematic review of studies on obtaining psychiatric care in first-episode psychosis to establish what assessment methods and measures are used to identify first episode psychosis to evaluate engagement with psychiatric services. Inclusion criteria were the study must be data-based, the paper has used a specific evaluation to measure engagement with psychiatric services for individuals with a first-episode of psychosis and paper published in English. Case reports or series and non published papers were excluded.

Results
12 studies were identified. Specific common themes emerged. However comparison among the studies was not possible due to the diversity and differences in aims, methodology and absence of quantitative psychometric data. The studies
repeatedly demonstrated that there can be a considerable delay in presentation to the health services regardless the social setting and a cross a different societies in different countries.

Conclusions
The process involved in initial engagement with psychiatric care in first episode psychosis is diverse and varied. So far there is no a unified, well validated psychometric tool to measure this process. The conflict between exploring the patient’s narrative and journey through the healthcare system and developing an empirical measure of pathways with optimal outcomes has hindered the development of such a measure.

18. Six Year Outcome of Self-Harm in Leicestershire: How Many People Repeat Self-Harm locally over 6 years?
**Natasha Malcolm, Leicester Medical School, Shahana Hussain, Leicester Medical School, Dr James Leaver, Leicester Medical School**

Aims and hypothesis
To investigate repetition rates and characteristics of those who re-present to the A&E department at Leicester Royal Infirmary (UK).

Background
In the first year, repetition rates for non-fatal deliberate self harm (DSH) range from 6%-30% and long-term rates approach 40% but previous studies have been hampered by cases lost to follow-up and out of area cases. Our sample has the advantage of only one large A&E for the county with a high chance of local re-attendance.

Method
Retrospective review of an adult cohort presenting between 1 January 2006 and 31 July 2008, using the A&E database and the “10-Step” DSH Referral Form. Follow-up completed in July 2013. The mean follow-up period was 6.5 years (minimum 5.5 years, maximum 7.5 years).

Results
In the recruitment phase we collected data on 310 individuals; follow-up data was available on 280 individuals (90.3%). At 3 months 24.6% had repeated self-harm; at 6 months 30.7% and at 12 months 37.5% had repeated. Our 4 year repetition rates were 53.6%. Of those with 6 year follow-up data, 56.1% had repeated. The maximum number of attendances by one individual for any reason was 170 over six years. The maximum number of attendances by one individual for self-harm was 127 over six years.

Self-poisoning was the most common method of DSH. Risk factors related with DSH repetition were female gender, previous DSH, personality disorders and illicit substance or alcohol misuse.
Conclusion
In this sample with robust local follow-up, the DSH repetition rate is a remarkable 56.1%, much higher than previously published data suggesting a higher risk sample in Leicestershire or, more likely, a complete data capture. Identifying the active risk factors for DSH repetition may help to inform future interventions.

19. ASSIGN and Framingham Risk Scores (FRS) in psychiatric patients: Are we reducing the cardiovascular risk in primary care?
Clare Langan, University of Edinburgh, Dr Julie Langan Martin, University of Glasgow
John Langan, NHS Greater Glasgow & Clyde

Aims and hypothesis
To determine if individuals with schizophrenia or bipolar disorder with an ASSIGN or Framingham Risk Score (FRS) of greater than 20% were prescribed a statin for primary prevention for cardiovascular disease in accordance with SIGN guidelines. Those with diabetes were also reviewed to ascertain whether a statin was prescribed. We hypothesised that all patients with high ASSIGN (>20%) and high Framingham Risk Scores (>20%) and those with diabetes would be prescribed a statin.

Background
It is well recognised that major mental illness is associated with increased risk of physical comorbidities, in particular cardiovascular disease. The Framingham Risk Score (FRS) is a cardiovascular risk algorithm aimed to guide preventative treatment based on cardiovascular risk factors including age, sex, smoking status, systolic blood pressure, total and HDL cholesterol. Additionally the ASSIGN score includes postcode, family history, diabetes and number of cigarettes smoked. A score of <10% represents low risk, 10-20% intermediate risk and >30% high risk. A score of >20% merits preventative intervention. Individuals with diabetes are considered high risk and so considered for preventative intervention.

Methods
Individuals with either schizophrenia or bipolar disorder registered in a single GP surgery were surveyed. An ASSIGN score and FRS Score was calculated and an estimation of cardiovascular risk generated. If either score was > 20%, medication was reviewed to determine if a statin was prescribed in accordance with SIGN guidelines. All those with diabetes were reviewed to determine if a statin was prescribed.

Results and conclusions
60 individuals with schizophrenia or bipolar disorder were identified. 8 individuals were noted to be diabetic. Of these 8, 37.5% (n=3) were not prescribed a statin. 12 individuals had an ASSIGN or Framingham score of >20%. 75% (n=9) of individuals identified as high risk were not prescribed a statin. Gold standard practice was therefore not achieved.
We hope to improve our practice by adopting more proactive preventative prescribing measures and closer adherence to SIGN guidelines.

20. Sleep Psychiatry Within the Mood Disorders - A Literature Review

Naomi Mescall, The University of Liverpool, Sarah Proctor, Consultant in General Adult Psychiatry and PICU Lead, Bowmere Unit, Chester, Cheshire and Wirral Partnership NHS Foundation Trust

Aims and hypotheses
There were three aims: to investigate the relationship between mood disorders and the sufferer’s quality and character of sleep by carrying out a systematic review of the current literature; assess whether there is substantial evidence linking insomnia in major depressive disorder to any particular genotype, zeitgebers or neurochemical factors; and to evaluate whether those with bipolar disorder have less need for sleep when manic or whether this is due to other variables.

Background
Sleep cycles are known to be disturbed in affective disorders, but the finer details and neuroscience of this rhythm disruption is still not clear. In major depressive disorder, sleep onset is usually delayed, disrupted and accompanied by early awakening. In bipolar disorder, the depressive episodes tend to mirror that of major depressive disorder, whilst the periods of mania and hypomania are thought to result in a reduced need / desire for sleep.

Methods
The databases PubMed, Scopus, Web of Knowledge and The Cochrane library were searched when compiling this review.

Results
Environmental agents such as exercise, food, temperature and occupation have varying effects on the output of the suprachiasmatic nucleus, which is the endogenous human clock. These factors are being utilised as treatment for sleep disorders in depression but may also inform what causes the disturbance in the first place. Certain variants of the CLOCK gene have been implicated in decreased or excessive sleep in affective disorders. Unfortunately, the overlap between genotype and environmental aspects make this genetic influence hard to evaluate.

Conclusions
There is a paucity of research into sleep cycles in bipolar disorder which needs to be explored particularly during manic phases, which are often unpredictable and erratic, making systematic studies challenging. There is still a need to understand the pathophysiology behind the affective disorders before progress can be made.
Aims & hypothesis
To assess the psychometric properties of the Cognitive Control Questionnaire (CCQ), a 15 item self-report measure of cognitive symptoms expressed in adult attention deficit hyperactivity disorder (ADHD).

Background
Traditional ADHD rating scales assess behavioural symptoms of hyperactivity-impulsivity and inattention. Yet clinical observations suggest ADHD symptoms may also manifest at the level of cognitive phenomena, such as the ability to control one’s thoughts, (ceaseless mental activity and mind wandering). The CCQ, a new self-report scale devised by Asherson, Skirrow and Reid at the Institute of Psychiatry, King’s College London, assesses symptoms of cognitive control in adults with ADHD. Because the CCQ is a new questionnaire, no information exists surrounding its psychometric properties.

Methods
Participants were from the Mood Instability Research in ADHD (MIRIAD) study. 86 adult males, (40 with ADHD and 46 matched controls), were assessed at two time points, before and after cases started stimulant medication. The CCQ was administered alongside the Current Behaviour Scale-Self Report, which measures behavioural symptoms of hyperactivity-impulsivity, inattention, and levels of functional impairment. The factor structure, internal consistency, retest stability, convergent validity, and discriminant validity of the CCQ were assessed in comparison to these behavioural scales.

Results
Factor analysis revealed a uni-dimensional structure of the CCQ. Reliability, judged by internal consistency and re-test stability, was high, and comparable to the estimates obtained for the behavioural measures. Spearman correlations indicated high convergence with behavioural scales. Diagnostic validity was satisfactory and Receiver Operator Characteristic curve analysis revealed good sensitivity and specificity of the CCQ.

Conclusions
The CCQ is a reliable, valid scale that correlates with behavioural measures of ADHD symptoms, and successfully discriminates between ADHD cases and controls. These findings suggest that the CCQ may be useful in clinical practice as an additional
screening tool for adult ADHD, and a potentially sensitive marker of impaired cognitive control.

22. The Effect of Repetitive Transcranial Magnetic Stimulation on Dorsolateral Prefrontal Glutamate in Youth with Treatment-Resistant Depression
Sarah Pradhan, Royal College of Surgeons in Ireland

Hypothesis
We hypothesize an increase in DLPFC glutamate levels following treatment.

Background
Major Depressive Disorder (MDD) is a debilitating psychiatric disorder characterized by feelings of low self-worth, loss of interest and suicidal thoughts. Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive intervention that induces electric currents in neurons by administering pulsating magnetic fields to the scalp, modulating cortical excitability. Studies have shown the left dorsolateral prefrontal cortex (DLPFC) to have positive effects on emotion and glutamate/Glx levels to be decreased in MDD patients. In adults, rTMS has been shown to improve mood, decrease Hamilton Depression Scores and increase glutamate and glutamine levels in the DLPFC.

Methods
Eleven treatment-resistant MDD patients (4 females and 7 males, ages 15-21) were recruited and clinically assessed using the Hamilton Depression/Anxiety Rating Scale and the Children’s Depression Rating Scale and during each week. Participants also underwent baseline and post-treatment MRI scans. Treatments were performed every weekday for three weeks. Magnetic resonance spectroscopy was used to measure glutamate levels and data was analysed using the LC Model method.

Results
Seven patients were treatment responders who had a 62% decrease in Ham-D scores from 25.43 (±7.85) to 9.57 (±1.51) and a 30% decrease in CDRS scores from 74.43 (±11.04) to 52.14 (±8.99). Responders showed lower baseline glutamate levels at 8.73 (±1.21) mmol/kg-wet-weight, which increased by 12% to 9.77 (±1.18) following treatment. Non-responders had higher baseline glutamate levels at 11.87 (±0.47) and levels decreased by 9% to 10.75 (±0.13). Treatment responder glutamine levels increased by 5% and Glx levels increased by 10%.

Conclusions
Evidence of increases in excitatory neurotransmitter levels in the DLPFC and alleviation of symptoms following treatment indicate that rTMS exerts anti-depressant effects and can be pursued as a safe and effective therapy for adolescent MDD.
Hypothesis
We hypothesized that a smaller caudate nucleus would be present in adult patients suffering from MDD.

Background
Major depressive disorder (MDD) is a disabling illness characterized by low self-esteem, high self-criticism and melancholia. The World Health Organization has ranked MDD as the third most common cause of disability globally. Studies have shown the caudate nucleus to be important in emotion and reward, as emotional networks are localized to the head of caudate. It may be suggested that volumetric abnormalities in the caudate nucleus are significant in the pathogenesis of MDD. Smaller caudate nuclei volumes have been noted in depressed patients.

Methods
19 healthy controls (8 males and 11 females, ages 20-52) and 51 MDD patients (18 males and 33 females, ages 19-58) underwent magnetic resonance imaging and volume of the caudate nuclei was determined by performing manual tracing using Analyze Direct 10.0 by a trained and reliable rater (SP, r = 0.93-0.99).

Results
No significant differences were found between healthy controls and MDD patients in the right, left and total caudate volumes. No significant difference in the asymmetry of the caudate was observed. However, there was a negative correlation between age, and right, left and total caudate volumes in both MDD patients (r = -0.50, p = 0.0005; r = -0.53, p = 0.0001 respectively) and controls (r = -0.77, p = 0.0001; r = -0.78, p = 0.00009 respectively). Right caudate volume correlated with change in depression scores with treatment (r = 0.34, p = 0.036) in MDD patients. When the MDD group was divided into treatment responders and non-responders, a trend for larger right caudate volumes in the responder group was observed (t = 1.77, df = 37, p = 0.086).

Conclusions
These findings differ with previous literature; possible reasons for this include medication history or differing methods of caudate measurement. This data suggests that right caudate volume may be predictive of treatment response.
patient deemed to be at risk to themselves or others and is cooperatively completed by both doctors and nurses.

Background
The emergency department at Addenbrooke's Hospital had expressed concern that appropriate observations and precautions were not being taken when patients with psychiatric illness were admitted. Previously a tick-box existed for doctors to express concern about patient safety but this was being underused so the AMHTF was introduced. It gives nurses the ability to triage patients on arrival whilst doctors can reassess later. The AMHTF guides what level of observation would be appropriate based on certain risk factors and overall impression.

Methods
50 patients admitted to the Clinical Decision Unit with psychiatric illness between 01 April 2012 and 13 May 2012 were selected at random. The AMHTFs were checked for completeness and their suggested level of observation. The patients' notes were then reviewed by a doctor blinded as to what observations actually occurred. This doctor independently gave their opinion on what level of observation they believed should have been used. These results were then compared to previous data from June 2011. 16 nurses were also asked their opinion of the AMHTF in a questionnaire.

Results
In 74% of cases where the AMHTF was used, the level of nursing care was deemed to be appropriate. The average time taken from admission to onset of observations was 2 hours. 83% of patients admitted with psychiatric illness in the observed period had a completed AMHTF compared to 11% in the same period using the previous tool.

Conclusions
The AMHTF resulted in a greater number of patients being triaged than with the previous tool. This led to appropriate nursing care in the majority of cases, though there are still areas for improvement.

25. Is Lithium Therapy Safe? A Local Audit of Lithium Monitoring in Primary and Secondary Care of Patients in Regular Contact with Secondary Psychiatric Services.
John Glover, University of Birmingham, Dr. Shabnam Sabah, Psychiatry Registrar - BSMHFT (Birmingham and Solihull Mental Health NHS Foundation Trust), Dr. Kallol Sain, Consultant Psychiatrist - BSMHFT (Birmingham and Solihull Mental Health Foundation Trust)

Aims and hypothesis
The National Institute of Clinical Excellence (NICE) states that all patients taking long term lithium should have a blood lithium level recorded within the last three months, and a thyroid function and renal function test within the last 6 months. The British National Formulary (BNF) guidelines state all lithium levels should be within a safe and
therapeutic range of 0.4-1.0mmol/L. We aim to assess the current standards of monitoring of the above parameters, and ultimately, improve standards of monitoring and long term control of lithium levels.

Background
Irreversible kidney damage, hypothyroidism and life threatening toxicity can all result from lithium therapy. Despite this the National Patient Safety Agency (NPSA) issued a 'Patient Safety Alert' in 2009 after a large nationwide audit indicated poor monitoring. Previous hospital admissions for renal failure secondary to lithium in Birmingham prompted this audit.

Methods
A retrospective audit was carried out at Osborn House Community Mental Health Trust (CMHT), Birmingham. 700 randomly selected patient’s records were manually searched through to identify 19 patients currently taking lithium. If any parameter of the required monitoring was not recorded on the pathology results at Osborn House within the required time frame, we contacted the patients general practitioner (GP) to assess whether they had done the relevant testing.

Results
Rates of monitoring were 52.6%, 78.9% and 78.9% for lithium levels, renal and thyroid function tests respectively. 94.7% of previous lithium levels fell within the safe therapeutic range set out by the BNF.

Conclusion
We feel that the universal use of NICE guidelines by GP’s as opposed to the less stringent Quality and Outcomes Framework or BNF guidelines, in addition to a lithium patient database allowing effective communication of results and a call-recall system would prove beneficial. Better patient education, the use of a local protocol form and lithium cards may also improve monitoring standards.

26. Complex posttraumatic stress disorder in traumatised asylum seekers
Madeleine Kissane, University of Birmingham, Lawrence Szymanski, University of Birmingham

Aims and Hypotheses
To describe the complex posttraumatic stress disorder (cPTSD) symptom profile in traumatised asylum seekers, and to compare this profile between three trauma groups: human trafficking, domestic violence and torture.

Background
cPTSD has been proposed as a form of PTSD, linked with early onset and prolonged interpersonal trauma, as PTSD criteria did not capture all aspects of traumatic symptomatology. cPTSD is associated with more severe depression, anxiety and dissociation and carries with it a worse prognosis. PTSD is common amongst
traumatised asylum seekers, however cPTSD has never before been assessed in asylum seekers who have experienced major human rights violations.

Methods
Convenience sampling was used to recruit 29 patients from the Helen Bamber Foundation (HBF), a London-based charity providing therapy to asylum-seeking survivors of human rights violations. Participants were categorised into one or more of human trafficking, torture and domestic violence groups by HBF clinicians. The structured interview for disorders of extreme stress (SIDES) was used to assess cPTSD in participants.

Results
Participants originated from 18 countries, 72.4% were female, the median age at trauma onset was 17 years and the median duration of trauma was 10 years. Eight (27.6%) participants were found to have cPTSD and 15 (51.7%) had five or more of cPTSD’s six symptom clusters present. ‘Dissociation’ and ‘lack of trust’ were the two most frequently experienced symptoms, found in 26 (89.6%) and 27 (93.1%) of participants respectively. The overall prevalence of cPTSD did not differ between human trafficking, torture and domestic violence victims.

Conclusions
Extensive cPTSD symptomatology was found in over half of participants. Therefore, undiagnosed cPTSD in this population may be currently hindering treatment efficacy. The adaption of trauma-focused psychotherapy to fit the symptoms experienced by traumatised asylum seekers is necessary.

This study was funded by the University of Birmingham and the Helen Bamber Foundation.

27. Acute pathway service evaluation:Psychiatric Inpatient admissions from community mental health team
Rebecca Lasseko, Sheffield health and social care NHS FT, Shajahan Ismail, Sheffield health and social care NHS FT

Aims
This is a service evaluation aimed at finding out the reasons for high numbers of inpatients admissions from one of the sectors in Sheffield.

Background
The services in Sheffield are divided in different sectors. The trust regularly monitors the acute pathways. The acute pathway consists of inpatients, community mental health team and home treatment teams. There is reduction in number of beds available. One of general adult sector contributed to the second largest number of admissions compared to other sectors. The need to understand the admission trends has influenced this team to evaluate the service’s acute pathway. The evaluation
will find out the reasons for admissions and inform the process of improving the service.

**Methods**
The questionnaire was designed to collect the data on acute pathway. Two doctors looked at 19 electronic records of patients from sector who were admitted to a psychiatric ward. The data was then entered in Microsoft Excel spreadsheet and analysed.

**Results**
The main reasons for admissions were relapse contributing 52.6%. Those who were admitted 53% were seen by care coordinator few days prior to admission and 89% had a care plan. 37% of patients did not have any home treatment involvement prior to admission. There were discharge care plans in 79% of the patients. The main reasons for admission in patient without care plan was self harm.

**Conclusion**
There is a need to identify patients with relapse early and involve home treatment in order to reduce hospital admissions. The relapse prevention plans needs to be shared in multidisciplinary teams in order to make them robust.

In addition there is a need to develop a care plan for the patients who self harm.

**28. Phase One audit of antipsychotic side effect monitoring in long stay patients**
Ayesha Muthu-Veloe, St Andrew’s, Northampton, Ragavendra Bethamcharla, Formally at St Andrew’s, Northampton, Marco Picchioni, St Andrew’s Academic center, Institute of Psychiatry, King’s College London, Stephen Attard, St Andrew’s, Northampton

**Aims**
This audit aimed to identify the proportion of long stay in-patients prescribed high dose and combinations of antipsychotic medicines and to establish patterns of side effect monitoring against national guidelines. We wanted to generate a plan to improve practice.

**Background**
Psychiatric patients die 10 - 15 years younger than the general population. They are exposed to multiple risk factors that compromise their physical health, including a sedentary lifestyle, smoking and poor diet. For many the antipsychotic medicines they are prescribed are also a risk factor. In part this is because of the metabolic side effects, but also the manner in which they are prescribed, and a lack of awareness of their side effects.

**Method**
We developed an audit tool from NICE 2010 Schizophrenia Guidelines and the 11th edition of the Maudesley Prescribing Guidelines. Participants were adult male
patients within the low secure and locked wards at St Andrew’s. Data were extracted from case notes over the preceding 12 months.

Results
41 patients across 3 wards were included. Only one patient was evaluated for side effects using standardised systematic and structured guide. 29 patients had some sort of inquiry about side effects recorded over the preceding 12 months. These tended to be general open questions that were not followed up by more detailed enquiry.

Conclusions
Side effect monitoring within our patients did not meet expected national standards.

Every patient should have their side effects monitored using standardised systematic structured guide.

We recommend the modified Glasgow antipsychotic side effect rating scale (GASS-m).

Side effects should be recorded with a description of dose and serum levels if available.

Clinical teams should formulate plans to address side effects recorded at a score of 3 or above in the GASS-m.

A summary statement and plan should feature in CPA reports.

29. Awareness of DVLA guidelines among medical and psychiatry staff
Vibin Nair, BCULHB, Sarita Rana (chhetri), BCULHB, Vibin Nair, BCULHB, Archana Jauhari, BCULHB

Introduction
British law is clear in making it the responsibility of the licence holder (or applicant) to notify the DVLA (Driver and Vehicle Licensing Agency) if they develop a medical or psychiatric condition affecting fitness to drive. Good medical practice requires professionals to inform patients if they fall into this category. Professionals should have sufficiently detailed knowledge of current guidelines so as to advise patients for their own safety and that of the general public. Limited work has been done on this subject.

Method
A questionnaire was sent to 100 medical and psychiatry professionals.

Result
Sixty five professionals responded to the questionnaire. A total of 52% were doctors and 34% were nurses.
It was observed that 5% of responders were not aware of DVLA guidelines and 42% do not use it. Most responders who use DVLA guidelines accessed them from the internet. Only 9% of medical staff and 16% of psychiatry staff felt that they understood the guidelines well. Rest either understood it partly or did not understand it. A quarter of psychiatry staff, that responded, felt that they do not understand DVLA guidance. Almost 50% of medical staff felt that they did not follow the guidance routinely as they were not sure when to use it. Only psychiatry staff responded that they were worried about impact on therapeutic relationship with their patients.

Most staff responded that it was doctor in charge’s responsibility that patient is informed about DVLA guidance. Most psychiatry staff (75%) felt that it is patient’s responsibility to follow these guidelines whereas as only 57% of medical staff felt so.

About 90% felt that further training is needed on this subject.

Recommendation
DVLA guidelines should be part of yearly training programme to increase the awareness amongst professionals and should be incorporated in Junior doctor’s induction programme.

30. High Dose Antipsychotic Therapy across Rehabilitation directorate - complete audit cycle
Sarmad Nadeem, Pennine Care NHS Foundation Trust

Aims and hypothesis
The initial audit evaluated the practice whether adhering to the trust guidelines when prescribing high dose antipsychotics therapy across the rehabilitation units in Pennine Care NHS foundation Trust.

The re-audi assessed if there has been progress and improvement in our adherence to the trust/nice guidelines.

Background
A quarter to a third of hospitalised patients are prescribed high-dose antipsychotics, the vast majority through the cumulative effect of combinations.

There is no firm evidence that high dose of antipsychotics are any more effective than standard doses.

Methods
We used the High Dose Antipsychotic therapy and monitoring Pennine care Trust policy as our audit standards then we designed a proforma to collect the data. We have reviewed all the patients notes and drug cards across 6 units.

Results
25 patients out of 87 where on HDAT.
At the initial audit we had only 10 out of 28 monitoring forms completed. When we re-audited we had 16/25 forms were completed.

Re-audit showed 23/25 treatment plans were recorded in patients notes compared to only 13/28 in initial audit.

92% of patients' had their Blood tests recorded compared to 43% in 2011.

Only 12% had an ECG in comparison to 35.7 percent the previous year.

64% of monitoring forms were in the patients notes which is an increase from 36% in 2011.

92% of patients' notes did have a recorded plan about the HDAT compared to 46% in 2011.

Conclusions
There has been a significant improvement in Bloods, treatment plan recording and monitoring form completion.

Still a significant gap in ECG monitoring.

Still haven't reached the 100% standard according to criteria and guidelines set out.

To ensure that ECG's must be done for patients on HDAT

A re-audit to be done in 6 months time to assess if we have managed to meet our standards and show adherence to policies and guidelines.

31. Psychiatric Discharge Summary development project - Mental Health services in Royal Oldham Hospital

Sarmad Nadeem, Pennine Care NHS Foundation Trust

Aims & Hypothesis
To develop the current process of discharge summaries production to end up with an efficient, focused and timely produced summaries.

Background review
Discharge summary is a very important and useful way to communicate with community psychiatrists and GPs. Discharge summaries also helps in clinical coding which is important for PbR Invaluable source of information with Training opportunity.

Method
Survey of all General Practitioners, consultant Psychiatrists and junior doctors in Oldham.
Audit 50 discharge summaries
Develop a discharge summary template
Develop a process to avoid delays in producing the summaries.
Results of the survey
• 70 letters to General practices in Oldham
• All Psychiatrists in Oldham
• 70% response rate from GPs
• 59 forms received
• 6 strongly agreed, 32 agreed, 11 neutral 7 disagreed that psychiatric discharge summaries were of high quality
• Only 8 agreed that discharged summaries were received on time while 7 strongly disagreed
• Other results would be showed in graphs on the poster

Result of the audit (stage 2 of the project)
• We have audited 50 discharge summaries
• Showed a gap in following local agreed guidelines
• Not following the trust guidelines or meeting the trust target
• There is a range of opinions regarding the Psychiatric Discharge Summary
• Majority of GPs are favouring a short summary
• Most of psychiatrists prefers a much more detailed report with relevant important points

Conclusion & Recommendations
• Consultant or SpR needs to approve the Psychiatric Discharge Summary until they start meeting the accepted standards
• The team to share the responsibility of Psychiatric Discharge Summary
• On day of discharge one member of the team would take the ownership of that Psychiatric Discharge Summary (Rota)
• Take the 14 day target seriously!
• I developed a discharge summary template which is now considered to be approved as a trust wide document

32. Survey assessing trends in psychotropic recommendations for one psychiatrist’s caseload when covered by locum appointments over a 20 month period.

Greg Neate, NHS Greater Glasgow & Clyde

Aims and hypothesis
During a 20 month time period, consultant cover within a community mental health team (CMHT) was provided by a series of locum appointments. It was suspected that psychotropic recommendations may have increased when there was uncertainty over continuity of care. This survey sought to establish the actual trend in psychotropic recommendations.

Background
The Larkfield CMHT is a general adult mental health service for a suburban and rural area within NHS Greater Glasgow & Clyde. Between January 2010 and August 2011, a number of locums appointments provided cover for one consultant’s caseload with each appointed for three months or less.
Methods
Between June 2012 and August 2013, a casenote survey was undertaken to record the psychotropic recommendations made between January 2010 and August 2011. A view was then taken as to whether an increase, a decrease, a ‘mixed’ change (when a change to an equivalent medication was recommended) or no change in psychotropic recommendations occurred.

Results
For the 118 patients identified as being under the care of this service during this time period, an increase in recommended psychotropic medications occurred for 37 (31.4%), a decrease for 7 (5.9%), a ‘mixed’ change in 19 (16.1%) and no change for 49 (41.5%). Most of the patients who had changes recommended (37 of 63, 58.7%) had their overall medication increased.

Twelve (10.2%) patients had an additional medication prescribed to their medication regime. This included four (3.4%) patients who were recommended psychotropic medications increased to three in total and two patients (1.7%) had increases in psychotropic medications from three to four.

Only one patient had a planned withdrawal of a psychotropic medication without another medication being correspondingly increased.

Conclusions
The time period surveyed demonstrated an increase in prescribing of psychotropic medications and polypharmacy for some patients.

Multiple changes in consultant cover maybe associated with an increase in psychotropic medication recommendations for patients.

33. Survey assessing concordance of psychotropic recommendations between a CMHT and the corresponding prescription in primary care.
Greg Neate, NHS Greater Glasgow & Clyde

Aims and hypothesis
Due to suspected inconsistencies between services, this survey assessed concordance of psychotropic medication recommendations by a Community Mental Health Team (CMHT) with corresponding primary care prescriptions.

Background
Larkfield CMHT is a community adult mental health service within Greater Glasgow. Most recommended psychotropic medications are prescribed by primary care, apart from specialist medications such as clozapine and antipsychotic depot preparations.

Primary care is notified of recommendations by fax that are confirmed in a medical summary letter. Differences between services can arise when changes are presumed to have been made or errors enter the CMHT notes. This may lead to
patient harm through medication errors while inadvertent discrepancies may continue within the medical notes.

Methods
All the patients under one consultant’s caseload were surveyed. The most recent psychotropic recommendations before August 2011 were established and compared to each patient’s actual prescription. Patients who received psychotropic medications exclusively from the CMHT were excluded.

Non-concordance was recorded if the recommended dose for a psychotropic medication differed from that prescribed in primary care. When verifying concordance, regular sedative and hypnotic medications were included but occasionally used sedatives were not included due to the difficulty in verifying the concordance of short term prescriptions in retrospect.

Results
There was non-concordance in 19 (14.4%) out of 132 patients surveyed. Seven patients had discrepancies in the dosage of medications. Two patients had multiple errors which possibly contributed to subsequent relapses. One patient remained on a mood stabilising medication that was not recorded since 2004. Another patient remained on twice the dose of a hypnotic that was to have been reduced in 2004. For all but one of these discrepancies, the source of non-concordance arose within the CMHT.

Conclusions
Arrangements for communicating recommendations about psychotropic medications between a CMHT and primary care should not be presumed. Communications systems used by each CMHT should be reviewed for their robustness.

34. An audit of anti-psychotic monitoring in long term in-patients
Sharonie Fitzhugh, St Andrew’s, Northampton, Marco Picchioni, St Andrew’s Academic center, Institute of Psychiatry, King’s College London

Aims and hypotheses
Our aims were to:
- establish the performance of a typical locked and secure in-patient service at identifying those on anti-psychotic medicines and those on high dose and multiple anti-psychotics
- establish clinical practice in side-effect monitoring
- compare the service’s practice with relevant local and national guidelines.

Background
Patients with schizophrenia die 15-20 years early, representing a unique cardiovascular disease high risk cohort.
Patients are exposed to the obesogenic complications of psychotropic medicines that are often prescribed multiply and at high doses. Side effect monitoring is advised in guidelines, including the NICE schizophrenia guidelines 2009.

Methods
Retrospective data collection from electronic notes of male in-patients in secure and locked services between September 2012 and March 2013. Audit standards were based on local and national guidelines.

Results
59 out of 64 (92.2%) patients were prescribed at least one anti-psychotic. Of them 9 (15.3%) were prescribed two. 23 (39.0%) were additionally prescribed a mood stabiliser, and 18 (30.5%) an antidepressant.

Mean antipsychotic dose (chlorpromazine equivalents) was 348.5mg (0 to 1060mg). 15 patients (25.4% of those on antipsychotics) were on combined doses that exceeded BNF maxima. 12 of these patients had medication chart warning notes, but only 8 had care plans to guide monitoring.

60 (100%) patients had weight and height data recorded and 54 (91.5%) pulse and blood pressure. 46 (77.9%) patients had blood glucose recorded and 32 (54.2%) a fasting lipid profile. 44 (74.6%) had an ECG, the QTc interval ranged from 378 to 483ms. No patients had side effects recorded using an objective scale.

Conclusions
Patients taking antipsychotics should be regularly monitored for side-effects. This is an essential part of good quality physical health care. Clinical audit has identified local short-comings in physical health monitoring and suggested areas that need improvement, including the use of a structured validated side effect monitoring scale.

35. Relationship between physical health and depression: stability over 14 years from three national surveys

Anoop Saraf, South London and Maudsley NHS Foundation Trust

Aims and Hypothesis
To investigate changes over 14 years in the strength of association between worse physical health, depression and common mental disorder (CMD).

Worse physical health will be significantly and independently associated with depression and common mental disorders at all three survey periods.

After adjustment, the strength of this association will have increased over time.

Background
20,503 Adults aged 16-64 living in private households in England.
Methods
Analysis of three cross-sectional national mental health surveys carried out in 1993, 2000 and 2007 which used comparable sampling methods and identical physical health assessments.

CMD were ascertained by the revised Clinical Interview Schedule (CIS-R) which generates both a common mental disorder category, based on symptom scores above a cut-off, and (from an algorithm) ICD-10 diagnoses of depression, generalized anxiety disorder, panic disorder and phobia. Recent serious physical illness was measured as part of the List of Threatening Experiences schedule. As a comparator, bereavement (first degree relative) was also ascertained from the same scale. Analyses were adjusted for age, sex, marital status, gender, social class and ethnicity.

Results
Showed that the association after adjusting for confounders was significant and was found to have increased across three national surveys over a 14 year period. This increase was observed for both depression and common mental disorders, although the change in the strength of association between serious illness and common mental disorders was more significant compared to depression over time which could possibly be due to a statistical power issue because depression was a lot rarer.

Conclusions
In this study I investigated and found consistent and increased association over time within a given community. There is a need for time series analysis from just studying prevalence of physical health and mental disorders to looking at associations over time. What might also be worth looking in the future is further in-depth work into the meaning of physical illness and factors influencing that vulnerability.

36. Rapid Assessment Interface and Discharge Team Development Audit
Matthew Davis, Royal Bolton Hospital, Mat Miller, Royal Bolton Hospital

Effective interface between physical and mental healthcare services is an increasingly important clinical priority. Rapid Assessment Interface and Discharge (RAID) Teams have been demonstrated to simultaneously improve clinical outcomes and reduce costs.

Prior to the implementation of a RAID Team at the Royal Bolton Hospital, an audit was undertaken to evaluate the current clinical need, service provision and quality of referral information. Information was collected regarding all referrals (n=76) received by the current service during a seven day period.

The majority of referrals were received from A&E and were made during working hours. Most referrals related to patients who felt suicidal or who had taken an overdose. There were significant delays in responding to referrals. The delay varied
according to the age of patient, source of referral and team receiving the referral. No current service met the standards set for response time by the proposed RAID team. The longest delays were experienced by patients over 65 years old. Few assessments identified a severe or enduring psychiatric illness and most patients were discharged to the care of the GP.

Most of the referrals were verbal. The majority of referrals excluded important information about the source of referral, patient demographics, the current medical situation and identified risks. Referrals were less detailed if they were given verbally or if they were received from A&E, although this may reflect the proforma used by the Crisis Team.

The audit has identified important priorities for the development of the RAID team, including the distribution of resources and patients over 65 years old. Referrals will be accepted only if they are made verbally to a RAID team member, with sufficient information to complete a proforma that has been developed to include all the necessary details.

37. The development of a Recovery Intervention Worker (RIW): an innovative pilot scheme

Alexandra Forrest, University of Oxford, Catriona Anderson, University of Oxford, Andrew Molodynski, Oxford Health NHS Foundation Trust, Jackie Thomas, Oxford Health NHS Foundation Trust

This scheme was designed with the following aims:

1. To reduce the gap between research and practice by providing a permanent research presence within clinical teams.

2. To increase knowledge and awareness among community mental health staff of ongoing research projects that might benefit service users.

3. To allow for time limited employment of very highly motivated and skilled staff (generally with psychology degrees) to assist care coordinators in individual patient care. Lack of experience was in some ways considered a positive attribute.

4. To improve the opportunities of career enhancement for the workers themselves.

The opportunity for joint working between the foundation trust and the university department was agreed. However, as there was no existing framework for these new roles, defining the remit of work within the CMHT was challenging. After overcoming initial teething problems, RIWs provided flexible, patient centred support and low intensity psychological interventions to service users who are under the care of CMHTs. The effectiveness of the interventions delivered were measured using three self-report scale, one clinician-rated scale and the Personal and Social Performance Scale. Data was collected at baseline and at the end of intervention.
An anonymous evaluation form was also used to discover the opinions of staff and patients on the usefulness of the RIW roles. It is hoped that if this scheme produces positive outcomes it will continue within our trust and provide a template for other providers to bridge the gaps—both in patient care and in cross-organisation working. This poster will present the benefits and drawbacks of developing this scheme from the outset and throughout.

38. Short-Term Assessment of Risk and Treatability (START): Systematic Review and Meta-analysis
Laura O’Shea, St Andrew’s Academic Centre, Institute of Psychiatry, King’s College London, Geoffrey Dickens, St Andrew’s Academic Centre, Institute of Psychiatry, King’s College London

Aims and hypothesis
The aim of the current paper was to investigate the psychometric properties and predictive validity of the Short-Term Assessment of Risk and Treatability (START). It was expected that the Vulnerability scale would be a stronger predictor than the Strength scale, and that predictive efficacy would be superior for aggressive outcomes.

Background
The START can be scored reliably and has received positive utility ratings from mental health professionals in medium secure mental health units. There is evidence of its predictive ability for some of the identified risk outcomes (violence to others, self-harm, suicide, substance abuse, victimisation, unauthorised leave, and self-neglect), but to date there have been no systematic reviews or meta-analyses of its psychometric properties or predictive validity.

Methods
We conducted a systematic search of five electronic databases for records up to January 2013. Additional papers were located by examining references lists and hand searching. A meta-analysis was conducted using a macro written for SPSS.

Results
Twenty-one papers were included in the narrative review and nine studies involving 543 participants were included in the meta-analysis. The START had good internal consistency, inter-rater reliability and convergent validity with other risk measures. It demonstrated strong predictive validity for various aggressive outcomes, but was less robust at predicting other outcomes. The Vulnerability scale produced stronger mean weighted effect sizes than the Strength scale for most outcomes, and the best predictive efficacy was obtained for physical aggression against others.

Conclusions
The START appears to be a valid and reliable tool and can predict aggressive outcomes at levels much better than chance. However, it is not as accurate in predicting the other intended outcomes, although there is currently insufficient evidence to draw strong conclusions. Further research of the predictive validity of
the START for the full range of adverse outcomes, using well designed methodologies and validated outcome tools is needed.

39. QUALITY OF MENTAL HEALTH ACT DOCUMENTATION

Sampson Enwere, Srinivasarao Cherukuru, Dearman Samuel

Aims and hypothesis
The Mental Health Act (MHA) recommendation scrutiny checklist, used in Cumbria Partnership NHS foundation trust (CPFT), for section 2 and section 3 medical recommendations ensures compliance with MHA statutory criteria. We audited this scrutinisation process against the MHA statutory criteria.

Background
When detaining a patient under the MHA, the two doctors making the decision should state their reasons in medical recommendations on form A3 for section 2 and form A7 for section 3. These recommendations are then scrutinised by the receiving Approved Mental Health Professional (AMHP). In CPFT, a second scrutinisation is performed using a standardised checklist via the MHA office by section 12(2) approved doctors after the time of detention.

Method
28 section 2 forms and 31 section 3 forms, from assessments in Cumbria, were randomly selected between February and June 2013. They were independently reviewed by three section 12(2) approved doctors (one arbitrating) and Microsoft excel was used for data analysis.

Results
27% recommendations were not compliant with the statutory detention criteria. In 11 forms description of risks was poor or non existent; 17 lacked a description of why other methods of treatment or care were not appropriate and 11 section 3 forms lacked statement of what appropriate medical treatment is.

Conclusions
The checklist has face validity. Despite this, the quality of MHA documentation does not always comply with the MHA despite the process of scrutiny. The process of documentation and scrutinisation needs to be improved and the poor quality of documentation risks legally questionable detention. We have recommended that both the doctors and AMHPs have sight of the scrutiny checklist before completing recommendations. A re-audit is planned in 2014.
Evaluation of Regular Attenders Clinic

Suryanarayana Kakkilaya, 5 Boroughs Partnership NHS Foundation Trust, Claire Bullen Foster, 5 Boroughs Partnership NHS Foundation Trust, Amy Giles, 5 Boroughs Partnership NHS Foundation Trust, Anupam Verma, 5 Boroughs Partnership NHS Foundation Trust

Aims and Objective
A pilot regular attender’s review clinic was set up in November 2012 within Whiston Hospital Liaison Psychiatry Team. Patients regularly presenting themselves to the Accident and Emergency department (A&E) with mental health related problems were reviewed. Aim of this study was to evaluate the effectiveness of this clinic.

Background
Attendances to A&E have hit a record high with 21.739 million patients in 2012-13. In a study of regular attenders to A&E, About 1/3 of patients attended for mental health problems and another 1/3 with alcohol and substance misuse related problems.

Methodology
For the purposes of this pilot, a regular attender is defined as having 2 or more presentations to the A&E department over a period of one month, or at least 3 presentations in three months.

Patients were identified by reviewing the electronic records twice a month. Patients were invited to attend the clinic by post.

The clinic was conducted jointly by the Consultant Psychiatrist and the Consultant Clinical Psychologist to identify unmet needs and to make appropriate management plan.

To assess the effectiveness of the intervention, we compared the number of A&E attendances in 3 months before, and 3 months after the intervention.

Results
From 01-11-12 to 31-07-2013, 14 patients were identified as regular attenders. 11 of those patients attended the clinic. Complete data were available for 8 patients at the time of writing.

The total number of attendances to A&E in the 3 months before the intervention amounted to 104, at an average of 4.3 attendances per patient, per month. The number of attendances in 3 months after the intervention was 15, at an average of 0.63 attendances per patient, per month. The intervention reduced the number of attendances by 85%.

Conclusion
There has been a significant reduction in the number of attendance to A&E in this sample of regular attenders.
41. Clinical Audit of Record Keeping Standards of Reports to Mental Health Review Tribunals (MHRT) and Hospital Managers Meeting (HMM) for Patients subject to Community Treatment Order.

Roody Varghese, Tees, Esk and Wear Valleys NHS Foundation Trust, Ramanand Badanapuram, Tees, Esk and Wear Valleys NHS Foundation Trust, Sally Wise, Tees, Esk and Wear Valleys NHS Foundation Trust

Aim and Hypothesis
To assess the standard of record keeping of reports prepared between July 2009 and May 2011 which was the first part of the Audit cycle. A re-audit between May 2011 and April 2013 was carried out to complete the Audit cycle and to determine whether initial recommendations have been implemented.

Background
Good standard of record keeping is essential to ensure the delivery of safe and quality health care. However the standards vary among professionals and localities. The results and action plan from the initial audit were disseminated to all teams in our Trust to share the findings, lessons learnt and relevant practice changes associated with implementation of the action plan.

Methods
The audit was conducted in the community based Psychosis team in Stockton-on-Tees. In the Initial Audit all reports prepared between July 2009 and May 2011 were assessed against the gold standard criteria from guidance for Reports for Mental Health Tribunals Published by the Tribunals Service, Mental Health. A data collection sheet was prepared based on the guidance which had twenty two criteria. The re-audit was carried out of reports between May 2011 and April 2013 and the results were compared.

Results
In the initial Audit a total of 16 reports were done of which 10 reports were prepared for MHRT while remaining 6 were for HMM. Only 18% met with all criteria, while the rest of the reports met with 95% of the criteria.

The re-audit was done for 25 reports, 13 Reports MHRT and 12 reports were for HMM. There was significant increase (56%) in meeting the full criteria.

Conclusions
We need to enhance our report writing skills as it is our professional and statutory duty and this will avoid potential repercussions from the tribunals in terms of their legal power to order remedies, sanctions and costs.
42. Dietary Choices in Acute Adult Mental Health Wards
Venkata Yelamanchili, Leeds and York Nhs Partnership Foundation Trust

Aims and hypothesis
Cross-sectional study of dietary choices in acute inpatient wards who are at greater risk of developing metabolic syndrome.

Background
Most psychotropic medications have potency to cause weight gain. Acute mental health wards have quite unwell patients necessitating use of psychotropics. Potentially these patients will remain on such medication for longer periods risking the adverse side effects such as weight gain and metabolic syndrome. There has been lot of emphasis on healthy living in inpatient settings. We wanted a cross sectional view of inpatients dietary choices to understand the effectiveness of current interventions like healthy living groups, medicines information and well formatted menus.

Methods
We collected dietary choices from menus on a particular day. We categorised the patients food choice as "healthy" or "high energy" as depicted on the menu. We recorded their regular psychotropic medications and noted their Body Mass Index (BMI). This collected data was analysed using simple tabular forms in Microsoft spread sheets.

Results
We looked at 85 records. 82 (n) had all the data required.
77/82 (94%) of these patients were on psychotropic medication.
47 (55%) had BMI > 25 with 44/47 (94%) taking psychotropics.
38/44 (81%) made high energy dietary choices.
35 patients had BMI < 25 in which 33 (94%) are on psychotropics.
28/35 (74%) made high energy dietary choice.

Conclusions
Undoubtedly majority of these patients are on psychotropic medication and more than half of these patients have high BMI. The risk of metabolic syndrome is greater in all patients irrespective of their BMI’s. It is particularly so when they lack adequate guidance thereby continuing the pattern of less healthier diet choices. Early Intervention for all inpatients by existing resources should lessen the future morbidity rates in patients with normal BMI and in patients with high BMI’s. Similar interventions in community will ensure long term follow-up which in turn benefits patients and service providers.
Aim
The aim of this study is to estimate the proportion of old age mental health patients who have functional illnesses that are “non-complex” and may therefore be managed by General Adult Psychiatry following a service redesign.

Background
Our mental health trust is undergoing service redesign to make savings. One aspect of this is replacing “Later Life Service” with “Complexity in Later Life Service”, with fewer staff, that only sees people with dementia or people who have a functional illness and a “complexity” associated with later life. This survey was an attempt to see the changes in caseload.

Methods
We undertook a case note review of 120 consecutive new referrals to Later Life services in Suffolk and 120 cases open to Later Life CMHTs for at least six months.

Results
Defining “complexity” was more complicated than we thought. We used the following criteria: Age over 65 years and one of the following prescribed five or more medications; or, one or more significant physical co-morbidities; or, social problems severe enough to require input from social services.

Fourteen percent (17/120) of the new cases and 56% (67/120) of open cases had a functional illness (Fisher’s exact test, two-tailed, p<0.001).

Two percent (2/120) of the new referrals and 21% (25/120) of the open cases fulfilled a criterion for the Adult Psychiatric Service (functional and non-complex) (Fisher’s exact test, two-tailed, p<0.001).

If all three criteria were required, fourteen percent (17/120) of new cases and fifty-two percent (62/120) of open cases fulfilled criteria for the Adult Psychiatric Service.

Conclusions
Only a small proportion of new referrals fulfil criteria for an adult service. However, significantly more open cases than new cases fulfil the criteria. Furthermore, the proportion varies considerably depending on how criteria are applied. Setting the criteria can be complex but crucial for future service redesigns and to avoid boundary disputes.
A Survey on Outcomes of Community Treatment Order

Alfia Arun, Registrar (ST4) in Merseycare NHS Trust, Indira Vinjamuri, Consultant in General Adult Psychiatry Merseycare NHS Trust

Aims
- To compare the efficacy of oral versus depot medications for patients on community treatment order.
- To determine the inpatient admission rates prior and after commencing on a community treatment order.
- To determine the length of inpatient stay prior and after the initiation of a community treatment order.

Background
The Royal College of Psychiatrists has pointed out that ‘studies from abroad do not show community treatment orders to be the panacea the Government makes them out to be. Indeed the evidence is equivocal as to whether they bestow any benefits on a wide scale’. We have made an effort to explore the effectiveness of community treatment order to gain insight into the practical aspects of our practice.

Methods
A retrospective analysis of electronic records for 73 adult patients placed on a community treatment order for at least a year was performed. Data included demographics, diagnosis, number of admissions, length of inpatient stay and type of medication.

A short questionnaire was sent via the Trust’s outlook email to all Consultant Psychiatrists to understand attitudes towards oral versus depot medications in conjunction with a community treatment order. The results were analysed and formulated.

Results
Community treatment order proved to be effective for nearly three quarters of the cohort, who were on depot antipsychotic medication. Our survey shows that there was a decline in the inpatient admission rates after commencement of community treatment order. The maximum length of inpatient stay reduced in the majority of patients.

Conclusion
It is possible that community treatment orders work better in conjunction with depot medication. Clinicians’ views are shifting in favour of community treatment order. When a community treatment order is appropriately used, the benefits outweigh the coercive effects.
Aims and hypothesis
The aim of this completed audit cycle was to establish the adherence to trust guidelines and ascertain the completion rates of the physical care pathway on inpatient units.

Background
Age-adjusted annual death rates from all causes among psychiatric patients are 2–4 times higher than in the general population, with higher rates of physical disorder across the entire range of mental disorders.

The physical care pathway was developed to record the determinants of adequate physical care including a detailed history, systemic and general examination and ensure this information was sought for all patients admitted within SSSFT.

The audit was originally carried out in January 2013 and the re-audit took place in July 2013, on the same 5 wards of all available inpatient case notes assessing the completion of the physical care pathway. The original audit showed that 85% and 67% of physical health care pathways were completed within 24 hours and 1 week of admission respectively.

Methods
An audit tool was developed to record the completion of the physical care pathway document.

Results
67 case notes were available for the audit in January 2013 compared to 57 in July 2013. 71% of physical health care pathways were completed within 24 hours and 100% were completed within 1 week. 3/5 wards had a mean reduction of 18.23% in documented general examination compared with January’s results. 3/5 wards had a mean reduction of 14.7% in documented systemic examination compared with January’s results.

Conclusions and Recommendations
There was a 14% reduction in the proportion of completed physical health care pathways within 24 hours. On a more positive note the proportion of completed physical health care pathways within 1 week of admission increased by 33% to 100%, which may have allowed the teams more opportunity to complete the pathway.

Increased awareness amongst junior doctors of the importance of physical health should be emphasised during their induction.
46. The provision of information regarding treatment, and the involvement of service users in choosing the treatment they receive - A re-audit in a community mental health team.

Kate Brown, CT2 Doctor, Birmingham and Solihull Mental Health Foundation Trust, Lisa Brownell, Consultant psychiatrist, Birmingham and Solihull Mental Health Foundation Trust, Padmini Anandakumar, Birmingham and Solihull Mental Health NHS Foundation Trust, Nirmee Shah, Central and North West London NHS Foundation Trust, Nevjeet Bhagrath, Birmingham and Solihull Mental Health NHS Foundation trust

Aims and hypothesis
To determine whether service users are offered a choice of medication, and whether they are given sufficient information about medication regarding its purpose and potential side effects, and alternatives available.

Background
In 2011, we demonstrated that our Community Mental Health Team’s (CMHT) use of UK Psychiatric Pharmacy Group (UKPPG) leaflets as the focus of a face-to-face discussion with service users about medications was an effective way of sharing information and decision making. Our Trust has since purchased access to the Choice and Medication website. Discussions around medication have been adapted to include the use of this website, and information sheets are printed directly from the screen during consultations. We therefore felt that a re-audit was indicated, to ensure that the high levels of service user satisfaction, information sharing and joint decision making were maintained.

Methods
Anonymous questionnaires based on the National Patient Survey (NPS) were distributed to all service users attending outpatient clinic between 01/03/13 and 01/04/13.

Results were compared to the previous audit and results from the NPS 2012.

Results
55/62 patients completed questionnaires.

The re-audit showed improvement in every area of choice and information sharing.

98% were taking medication for their mental health problem. Of these, 98% said they were involved in decisions about medication. 98% reported that they had enough information about the purpose of medication and 98% stated that they had enough information about the potential side effects of their medication. 100% were given written information about their medication that was easy enough to understand. 94% had discussed their medications at a follow-up appointment.

Conclusions
The change to using the choice and medication website within consultations may have presented challenges to staff. However, it has been demonstrated that
performance in relation to information-sharing and shared decision making have improved, and exceeds that reported by the NPS, both locally and nationally.

47. Safety of Transfers from General to Psychiatric Care- A Service Evaluation
Jennifer Bryden, CT3, Royal Cornhill Hospital, Aberdeen, Elodie Schrijver, Economist, Quality, Governance and Risk Dept. NHS Grampian

Aims and Hypothesis
Junior doctors had been concerned patients were being transferred from general (Aberdeen Royal Infirmary- ARI) to psychiatric care (Royal Cornhill Hospital- RCH) with insufficient information for continuity of care or while physically unstable. It was decided to audit all patient transfers between ARI and RCH to identify if these concerns were valid.

Background
Psychiatric patients are often disadvantaged in the quality of physical health care they receive.

Methods
All wards in RCH were contacted weekly over two months and asked about patient transfers. Transfer letters were compared to the standard set in Scottish national guidelines for immediate discharge letters and an audit proforma was completed, documenting the patient’s age, physical and psychiatric diagnoses, reasons for transfer, problems in the process of transfer and re-admissions to ARI. Simple descriptive statistics were calculated (using Microsoft XL) and narrative accounts of patient journeys were transcribed for the report. The final report was emailed to doctors involved care of the patients to check for accuracy.

Results
35% of patients were transferred without any documentation. All of these patients had dementia. In 40% of transfers patient safety was affected. This included incorrect information on medication (omitting new antibiotics and anti-thrombosis medication. Analgesia was also omitted).

Abnormal investigations were missed (including significant anaemia, high inflammatory markers, and high sodium.) Significant medical problems appeared to have been unnoticed before transfer. These included dehydration, two cases of urinary retention, a patient who was unable to swallow his analgesia (or other medication), ongoing chest pain and acute respiratory distress. In several cases repeated phone calls failed to elicit any documentation.

Conclusions
There are significant problems in transfers from general to psychiatric care which have directly affected patient safety. This has been taken to the ARI/RCH liaison meeting and measures to tackle this will be implemented and re-audited next year.
48. Use of checklist to improve Medical assessment of referrals to an Early Intervention in Psychosis Service (EIP)

Martha Chronopoulou, North East London NHS Foundation Trust, Olugbenga Alabi, North East London NHS Foundation Trust, Peter Carter, North East London NHS Foundation Trust

Aims
The purpose of this re-audit was to assess the medical work up carried out to clients referred to Waltham Forest EIP service after the implementation of the recommendations from the first audit in 2012.

The intervention after the first audit was to use a checklist to ensure completion of blood monitoring. Patients were only accepted onto the caseload on completion of this checklist.

Background
The surgical safety checklist (World Health Organisation) has been widely used to reduce perioperative morbidity and mortality in operating theatres. They are routinely used in the aviation industry, where improper, or non-use, of the checklist is often cited as a contributing factor in accidents.

Method
30 clients randomly selected from Waltham Forest EIP services caseload after the implementation of the first audit.
Patients divided into tables based on source of referral.
Medical work-up retrieved from patients’ paper and electronic clinical notes.
Analysis and comparison with first-audit findings.

Results
All the medical variables were completed in all the referral sources at a much higher frequency (up to 65% higher) than in the first audit.
11/19 variables were conducted in more than 80% of clients in the re-audit.
However, Hepatitis and Human Immunodeficiency Virus (HIV) were checked in 30% of the patients.
Pregnancy test was not conducted both in the first audit and re-audit.

Conclusions
The improvement was facilitated by:
- a checklist including all the initial medical assessment should be used regardless of the source of referral.
- requesting Hepatitis/HIV screening and neuroimaging directly, without involving primary care.

Further suggestions
- Electronic checklist to be more widely used across the trust.
- Improved pre-test counselling about Hepatitis/HIV might increase the acceptance of testing.
- Replace of pregnancy test with direct questioning of the client.
- Further audit to see if changes are sustained.

49. Physical monitoring during antipsychotic therapy - a survey of local practice
Matthew Cordiner, NHS Ayrshire and Arran

Aims and Hypothesis
To discover the practices of local consultants with regards monitoring for side effects of antipsychotic drugs, at initiation of and during therapy, particularly hyperprolactinaemia. It was felt that there was an inconsistent approach, to what extent being unclear.

Background
Antipsychotics are associated with several metabolic side effects. Hyperprolactinaemia is less well publicised, despite carrying long-term risks. Some English trusts have issued guidance for such monitoring, including prolactin. No guidance exists in Ayrshire, potentially causing a mixed approach to monitoring. The BNF provides recommendations for such monitoring.

Methods
A questionnaire was created using “Survey Monkey,” and distributed to all consultant psychiatrists working within NHS Ayrshire and Arran. The questionnaire prompted the Consultants to list the investigations they perform routinely on initiation and during antipsychotic therapy. Responses were compared against BNF guidance. Patients on an antipsychotic in the local Learning Disability (LD) service had their records checked for evidence of prolactin measurement and documentation of symptom screening at clinic.

Results
The survey was sent to 31 consultants, 17 responding. 50% requested no baseline investigations, 35% requested no monitoring during therapy. An ECG was the most commonly performed baseline investigation (35%); weight the most commonly measured during therapy (35%). 2 consultants routinely checked baseline prolactin, 4 monitoring during therapy. Responses suggested consultants used clinical judgement to dictate monitoring, although questioned its value.

In the LD service, 50 patients were prescribed antipsychotics. 3 had evidence of a prolactin at baseline, none checked again. Of the others, 1 patient had evidence of a during-therapy prolactin and one had evidence of symptom screening at clinic.

Conclusions
This work highlighted the diverse opinion and practice of antipsychotic monitoring. The reasons for this are not clear, but perhaps lies with consultants preference for
using intuition to gauge risks of antipsychotic use. Debate about need for formal local guidance has resulted.

50. What do General Practitioners think of Collaborative Care for common mental health disorders in primary care? Qualitative evaluation of a novel service.
Meena Shivalingam, Greater Manchester West NHS Foundation Trust, Linda Gask, University of Manchester

Aims and hypothesis
The aim of this study was to explore General Practitioners’ (GPs) view of Collaborative Care for common mental health disorders (CMHD) provided in central Salford by the Salford Primary Care Mental Health Team (PCMHT).

Background
There is increasing evidence for Collaborative Care (CC) for depression and anxiety. Collaborative Care is recommended in NICE guidance, but only for depression with co-morbid physical illness.

The PCMHT in Salford utilizes a stepped collaborative care model to manage primary care patients with CMHD. Unusually, the team, which incorporates Improving Access to Psychological Therapies (IAPT) step 2 services, receives training and regular clinical supervision from a Consultant Psychiatrist and a GP with special interest in Psychiatry.

The stepped collaborative care model involves ‘case management’ by mental health nurses or psychological well-being practitioners. It involves measures such as brief psychological interventions, medication management, liaison with primary care, active follow-up and ‘stepping up’ or ‘stepping down’ patients by monitoring clinical outcomes.

Methods
A qualitative approach was utilised to explore the views of GPs about this innovative service which uses Collaborative Care in a routine NHS (rather than research) setting. Nine GPs from different practices in the Central Salford locality (where the service has been established longest) were interviewed. Audio-taped semi-structured interviews were carried out. The transcripts were analysed to identify key themes.

Results
Key themes arising from the analysis of the interviews were “organisation and efficiency”, “collaborative approach”, “access to care”, “patient-centredness”, “waiting list for specialist psychological interventions” and “experiences with secondary care”.

Conclusions
GPs were particularly pleased with the improved access to patient-centred care
brought about by the service and the shared record keeping with team members who worked on-site in the practices. GPs thought that Salford PCMHT was organised and worked collaboratively. However concerns were raised about access to provision by specialist services, including both the ‘step up’ psychological therapies services and community mental health teams.

51. Are multiple physical symptoms characteristic of severe depression or a poor prognostic factor?; secondary analysis of the GenPod trial.

Amy Green, University of Bristol, Andrew Crawford, University of Bristol, Dr Kate Button, University of Bristol, Dr Nicola Wiles, University of Bristol, Prof Tim Peters, University of Bristol, Prof David Nutt, Imperial College, London, Prof Glyn Lewis, University College, London

Aims and hypotheses
Do depressed individuals with multiple physical symptoms (MPS) have a poorer response to antidepressants? Is reboxetine more effective in depression with MPS?

Background
Two thirds of primary care depressed patients complain of physical symptoms, which are often given as the presenting complaint rather than low mood. Antidepressant selection is commonly done on symptom profile and noradrenaline is implicated in depression with MPS. Studies have reported that patients with MPS respond poorly to serotenergic antidepressants. A purely noradrenergic antidepressant has not previously been investigated.

Methods
The GenPod trial examined response to the antidepressants citalopram and reboxetine in primary care depressed subjects. Baseline physical symptoms were recorded and participants (n=601) were grouped into quartiles by the number of physical symptoms they experienced. Linear regression was used and the outcome was Beck Depression Inventory (BDI) score at 6 and 12 weeks.

Results
Before adjusting for baseline BDI, there was a difference in mean BDI between no physical symptoms and MPS, at 6 (3.9, 95% CI 1.31, 6.59) and 12 weeks (3.5, 95% CI 0.61, 6.48). After adjusting for baseline BDI, the CIs included the null at 6 (1.48, 95% CI 1.09, 4.05) and 12 weeks (1.22, 95% CI -1.69, 4.14). No other confounders altered the association. There was no evidence that reboxetine was more effective than citalopram in those with MPS, at 6 (P=0.48) and 12 weeks (P=0.1).

Conclusions
MPS predict poor response to antidepressants, but not after adjustment for depression severity. These symptoms may reflect a more severe depression. Diagnosis of and treatment of moderate to severe depression is essential for patients with MPS to avoid inappropriate investigation and treatment of physical symptoms. Treatment with reboxetine did not confer any advantage over citalopram in this
Antidepressant selection should be based on side-effect tolerability rather than pharmacological profile for this group of patients.

52. A clinical audit: Quality of medical reports prepared for Mental Health Review Tribunal (MHRT)
Suhaib Bin Bilal Hafi, GMW Mental Health NHS Foundation Trust

Background/ Aims
Providing good quality medical tribunal reports is important for tribunals to do their job properly. Consequences of poor and late reports are that the tribunals get adjourned which could result in financial implications for the trust and distress for patients and families. Aim of this audit was to observe the quality of medical reports for the mental health review tribunals in Meadowbrook Unit (GMW Mental Health NHS Foundation Trust).

Standard
We audited medical reports against the Tribunals Judiciary standards set out in the document “Practise Direction.” New practise directions were released from senior President of Tribunals (Lord Justice Carnwath) in April 2012.

Methods
We audited medical reports for tribunals in Meadowbrook Unit for medical reports submitted between January and April 2013. We looked at 25 medical reports submitted to the Mental Health Act office, via electronic patient records. Audit tool was devised from the standards.

Results
Mental state of patient was documented in 88% (n=22) cases. Behaviour of patient and treatment for mental disorder was documented in all reports. The risk of self-harm/ threats of self-harm was written in 96% (n=24). Risk of self-neglect was written in 84% (n=21) reports. Risk of harm to others/ threats to harm others was documented in 92% (n=23). Risk of damage to property/ threats were written in only 24% (n=6). When documented the risks were given with details in 96% (n=24) reports.
Management plan, if patient were to be discharged was given in only 8% (n=2) reports. Patient strength and positive factors were given in only 4% (n=1). In cases of CTO, patient capacity to attend/ not/ to be represented was not given in the reports.

Conclusions
Key findings of the audit were:

• Medical reports are good at medical history account and mental state
• Improvements are needed to specify all risks, management plan if patient is discharged and patient strengths.
53. **Sexual side effects of psychotropic medications: A survey of Secondary Care Mental Health Clinicians.**

Renuka Arjundas, Northumberland, Tyne and Wear Trust, Syed Hyder Hussain, Northern Deanery, Renuka Arjundas, Northumberland, Tyne and Wear Trust

**Background**

Sexual side effects (SSE) have been described in association with all the major classes of psychotropic medications. These can significantly affect patients’ quality of life and discussing this topic with the patient may improve adherence to psychotropic medication. Their recognition and treatment have become topics of increasing clinical concern.

**Aim**

To ascertain the general awareness and views among Secondary Care Mental Health Clinicians (SCMHC) of the assessment and management of SSE of psychotropic medications.

**Method**

A postal questionnaire survey was distributed to a random sample of 100 SCMHC. The responses were kept anonymous. The 15 questions were designed to ascertain whether the respondents routinely inquired about sexual functioning when on psychotropic medication and their reasons, if they did not.

**Results**

The response rate was 58%. Only 27 (46%) clinicians sampled reported routinely asking patients about their sexual function. Of the clinicians who reported not asking about sexual history, 20 (35%) felt that this is something they do not consider regularly while 6 (10%) clinicians felt that they were uncomfortable asking the patients. 30 (52%) clinicians felt that their patients were embarrassed to discuss sexual side effects of psychotropic medications. All (100%) the clinicians sampled felt that SSE due to psychotropic medications can significantly affect patients’ quality of life whilst 49 (84%) clinicians felt that discussing this topic with the patient may improve adherence to psychotropic medication. More than 2/3rds of the clinicians wanted more training for the assessment and management of sexual side effects of psychotropic medications.

**Conclusions**

Most of SCMHC do not routinely assess SSE from psychotropic medications, though the majority felt that addressing this could improve both the patients’ adherence to these drugs and their quality of life. There is a need for further focused education and training of clinicians in this area.
54. An audit of the inclusion of management of violence and aggression in the care plan of patients admitted to the Psychiatric Intensive Care Units and Acute Care wards in Cheshire and Wirral Partnership NHS Foundation Trust

Declan Hyland, Core Trainee 3 in Psychiatry, Bowmere Unit, Chester, Cheshire and Wirral Partnership NHS Foundation Trust, Sarah Proctor, Consultant in General Adult Psychiatry and PICU Lead, Bowmere Unit, Chester, Cheshire and Wirral Partnership NHS Foundation Trust

Aims and Hypothesis
To assess whether the care plans of each patient on the two Psychiatric Intensive Care Units (PICUs) and six Acute Care wards in Cheshire and Wirral Partnership NHS Foundation Trust included the management of violence and aggression. The authors hypothesised that every patient’s care plan would include consideration of the management of violence and aggression.

Background
NICE have produced guidelines on the short-term management of violent or disturbed behaviour in inpatient psychiatric settings to allow healthcare professionals working in such settings to safely and effectively manage such behaviour. The guidelines highlight the importance of discussing with the patient what may happen if they become disturbed or violent and recording agreed interventions and management strategies in the patient’s care plan.

Methods
The care plans for all patients on the two PICUs and six Acute Care wards in the Trust were examined in August 2013 to determine whether they included details of the management of violence and aggression.

Results
The sample comprised 128 patients - 62 males, 66 females. 14 of the 128 patients were PICU patients. Only 37 (16 males, 21 females) of the 128 patients had a care plan that included the management of violence and aggression. 4 of the 14 PICU patients had a care plan that didn’t include consideration of the management of violence and aggression.

Conclusions
The majority of patients on the Acute Care wards and several on the PICUs have a care plan that makes no reference to the management of violence and aggression. This should be highlighted to healthcare staff working on these wards as a deficiency in the patient care being offered. All staff should be educated on the management of patient violence and aggression and reminded of the importance of ensuring this is incorporated into the care plan of every patient following discussion with the patient. Following implementation of this recommendation, a re-audit of the patient care plans should be undertaken.
An evaluation of patient admissions to a Psychiatric Intensive Care Unit over a 5-month period

Declan Hyland, Core Trainee 3 in Psychiatry, Bowmere Unit, Chester, Cheshire and Wirral Partnership NHS Foundation Trust, Sarah Proctor, Consultant in General Adult Psychiatry and PICU Lead, Bowmere Unit, Chester, Cheshire and Wirral Partnership NHS Foundation Trust

Aims
The Psychiatric Intensive Care Unit (PICU) at the Bowmere Unit in Chester is a 7-bed mixed gender PICU that accepts admission of patients aged 18 years and over. This evaluation studied all admissions to the PICU over a 5-month period to determine common characteristics of patients admitted and what their length of stay on the PICU is.

Background
Patients are admitted to a PICU for a number of reasons, including: disturbed mental state, challenging behaviour, high risk to self and / or others. Admission to a PICU allows the patient to receive ongoing care in a low-stimulus and more restrictive environment.

Methods
All admissions to the PICU from 1st of December 2012 to 30th of April 2013 were analysed, looking at: patient demographics, legal status on admission, patient diagnosis, length of admission, referral source and whether the patient was under the care of local mental health services or from out-of-area.

Results
There were 42 admissions over the 5-month period studied - 19 females, 23 males. The mean age of patients was 36.0 years (range of 17 to 72 years). The majority of patients were detained under either section 2 or section 3 of the Mental Health Act 1983. Patients with a range of diagnoses were admitted, but commonly with schizophrenia, bipolar affective disorder or emotionally unstable personality disorder. The most common referral source was an Acute Care ward. 25 of the patients were under local mental health services; the remaining 17 being from out-of-area. The mean length of admission was 16 days.

Conclusions
Patients admitted to the PICU represent a heterogeneous group, in terms of diagnosis and length of stay. A large number of patients are from out-of-area, which represents an important source of income for the Trust. Occasionally, the PICU accepts patients under the age of 18 if there is no age-appropriate PICU bed available, until a more appropriate alternative can be sourced.
56. Audit on the availability of meaningful activities on acute adult wards within Pennine Care Trust

Udemezue Imo, Manchester Mental Health and Social Care Trust

Aims
To identify what structured activities are available to inpatients on acute adult wards; who facilitates them, and what patients think of them.

Background
Lack of structured activities promote untoward incidents and create risks. Most reports on inpatient care report comments like “I find boredom gives me far too much time to think which doesn’t help the depression”; “Evenings and weekends stretch out before you, with no organised activities on offer”

Methods
The standard was a Quality Statement (QS13) developed from NICE guidance CG136, stating: People in hospital for mental health care can access meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.

We visited all ten acute adult wards in the Trust and spoke to staff about activities available to patients. We asked 10 patients from each borough (50 altogether) about their awareness/impression of the activities.

Results
• Oldham wards had the most number of activities in total (23) and (13) out of hours (OOH). Tameside wards (9 total, 0 OOH); Rochdale (13 total, 5 OOH), Bury (10 total, 5 OOH), Stockport (12 total, 4 OOH). Rochdale had invested the most in this area and had the widest range of community-based outdoor activities. Tameside had no activity around physical exercise, and had no gym.
• Patients were mostly aware of the activities and felt encouraged by staff. They also suggested activities like pool, horse riding, dancing, music group, bingo.
• The boroughs with the best results did not have dedicated Occupational Therapy input on the wards, and also had staff willing to work flexibly to provide weekend cover.

Conclusion
Marked differences occur between boroughs in the range of activities provided. Recommendations include:
• All boroughs have to prioritize the provision of therapeutic activities on the wards using teams led by Occupational Therapists (OT) and a care of non-OT practitioners.
• Team members have to work evenings and weekends.
• There should be protected times for staff to facilitate therapeutic activities.
Assessment of admissions to psychiatry: mental state, physical examination & blood tests

Joanna Franz, NHS Greater Glasgow & Clyde, Ashleigh Armitage, NHS Greater Glasgow & Clyde, Shaniar Aziz, NHS Ayrshire & Arran, Christopher Lowe, University of Glasgow, Everett Julyan, NHS Ayrshire & Arran

Aims and hypotheses
We aimed to establish how frequently mental state examination (MSE), physical examination (PE) and blood tests were completed for patients admitted to acute psychiatry wards; identify which parameters were assessed; explore the influence of factors such as paper versus electronic media on the level of detail; and ensure that appropriate action was taken on abnormal findings.

We hypothesized that MSE, PE and bloods would not be documented for all admissions; that more detailed parameters would be documented less frequently; that use of structured electronic pro formas would improve detail; and that few clinically significant abnormalities would be found or require action.

Background
MSE, PE and bloods are essential components of psychiatric assessment, contributing to the identification and management of both mental and physical comorbidity. Clinicians with varied experience from both medical and nursing backgrounds are responsible for assessing patients and, anecdotally, concerns have been raised that comprehensive assessment may not always be completed.

Methods
Current and recently discharged inpatients in general adult and elderly acute psychiatry wards were identified. We agreed assessment parameters that should be documented, by reference to the literature where possible. Paper and electronic records were accessed for all patients as available, and data relevant to testing our hypotheses analysed using Microsoft Excel.

Results
Although “routine” blood test results were available for all patients, MSEs and PEs were not (93.7% and 71.6%, respectively – most PEs included less than 50% of the parameters). There were no consistent differences attributable to use of paper versus electronic records, with a trend towards more detailed findings being less well documented.

Conclusions
Thorough assessments were not completed for a significant proportion of admissions, and the level of detail documented falls short of desired standards. We will use these findings to improve our assessment processes via the relevant Clinical Governance group.
Aims and hypothesis
The main aim for the Audit was to ensure that patients on a General Adult Psychiatric ward are having urine drug screen (UDS) results or refusal of UDS documented in their notes. To improve the diagnosis and management of co-morbid substance misuse in psychiatric inpatient settings.

Background
Psychiatric patients are at increased risk of substance misuse. Screening for substance misuse plays an important role in a comprehensive psychiatric treatment plan. It is important to detect drug misuse in order to reach an accurate diagnosis and to offer effective interventions to inpatients who are misusing substances in addition to treating presenting complications.

Methods
Audit of documentation of urine drug screening (UDS) was carried out on 3 Acute Inpatient General Adult Psychiatric Wards. The standard: UDS to be carried out and documented within 72 hours of request or reason not carried out such as patient refusal to provide sample to be documented. Results showed low levels of either completed UDS, or reason for non completion documentation (Trinity 2/8 (25%); Saxon 2/4 (50%); Hamtun 0/3 (0%)). Results were presented at a hospital managers meeting on 02.05.13 and suggestions for improvement were discussed. Doctors and ward managers agreed to work together to feedback audit results directly to members of staff involved with patient care including doctors, ward nurses and support workers.

Results
The team working of doctors and managers had a big impact on improving care provided by front line staff. Re-audit showed significant improvement: (Trinity 6/6 (100%), Saxon 11/15 (73%); Hamtun 2/6 (33%)). Results were discussed again at a hospital managers meeting on 18.07.2013 to discuss how to maintain and further improve results. Results were again discussed with frontline staff to help maintain improvement.

Conclusions
Audit when used with multidisciplinary team working can be an effective tool for changing culture and improving care provided by front line staff.
Physical health care in adult Autistic Spectrum Disorder: A quality improvement project

Marlene Kelbrick. Leicestershire Partnership NHS Trust; St Andrew's Hospital Northampton, Jane Radley, St Andrew's Hospital Northampton, Syeda Shaherbano, St Andrew's Hospital Northampton, Leanne Cooke, St Andrew's Hospital Northampton, Andrew Simmins, St Andrew's Hospital Northampton

Aims

To:

I. Identify the proportion of adult male patients with psychiatric and physical health co-morbidity in a low secure specialist ASD unit

II. Establish current clinical practice

III. Compare clinical practice compliance with national guidelines

IV. Evaluate the outcome of quality improvement changes implemented

Method

A completed cycle audit was conducted. Retrospective data was extracted from electronic (RIO) and paper notes of all inpatients within a low secure specialist adult male ASD unit. Physical activity levels were measured using the International Physical Activity Questionnaire (short version).

The first audit was conducted using data up to 30 September 2012 with baseline body mass index measurements completed.

Physical health monitoring protocols were implemented. Quick reference flow charts for the management of physical health disorders including obesity, hypertension, diabetes and hypercholesterolaemia were designed and introduced. Each patient received a physical health passport.

A second audit was conducted after six months (18 May 2013) to evaluate the outcome of the quality improvement interventions implemented.

Results

A significant proportion of patients had co-morbid psychiatric disorder (75% v 72%), and at least one co-morbid physical health condition (50% v 39%). Routine blood screening improved from 56% in the first audit, to 72% in the second audit following implementation of quality improvement changes. Appropriate action following abnormal physical health findings also improved (80% v 100%).

Conclusions

Our audit highlighted:

I. the need for awareness of the increased risk of psychiatric and physical health co-morbidity in adults with autistic spectrum disorder; and

II. the need for regular physical health checks and cardio-metabolic monitoring in this population
Implementation of evidence-based guidelines is likely to result in improved physical health monitoring and management. Clinical audit can be used to identify and rectify issues related to physical health monitoring and management, and similar units may need to audit their own practice in order to improve local service provision.

60. Audit of osteoporosis protocol follow-up by Eating Disorders Out-patient Team

Maha Khan, Southwest London and St George's Trust

Aims
1. To determine if the local osteoporosis protocol is being followed by the Eating Disorders Team.
2. To ensure early identification and management of osteoporosis in patients with Eating Disorders thus reducing the risk of possible osteoporotic complications.

Methods
All new assessments undertaken by the eating disorders team over a period of 4 months were evaluated. The period covered was July 2012 to Oct 2012. An audit tool was formulated.

Results
Total assessments conducted over 4 months=66
Repeat assessments=3
n=63.
Assessments which met criterion for osteoporosis investigations=34
Cases with BMI less than 18=23
Cases with amenorrhea for more than 1y= 1
Cases which met both criterion=10
Assessments which didn’t meet criterion =29.
Missing data=6 cases.

DEXA Scans:
Cases where bone scan considered=9.
Amongst these 9 cases:
Weight /period restoration was primary target =9 cases.
Multivitamins /calcium /vitamin D considered=7 cases
OCP considered= not mentioned in any case notes.
Bisphosphonates not considered=9 cases.
Osteoporotic clinic referral done= none.

Conclusion/recommendations:
1. Consider risk of osteoporosis in all cases with BMI less than 18 or amenorrhea for 1y or more.
2. Ensure that following investigations are carried out in all new assessments:
   FBC, RFT, LFT, Bone profile and if indicated vitamin D and Calcium levels.
3. Supplements to be considered accordingly.
4. If eligible for scan provide psycho-education and recommend scan.
5. Discuss such clients in weekly team meeting for medical input.
6. Modification in the New Assessment Template used by the team to include information around bone scan, related investigations and treatment.

Re-audit outcome:
Presents in team meeting in June 2013 and re-audited in July 2013:
Cases seen=11,
Cases which met criterion=3,
Bone scan considered =1. (Other 2 cases are yet seen only once).

61. Audit of Quantity and Quality of referral letters to local CMHT.
Maha Khan, Springfield University Hospital

Aims
1. To assess the quantity and quality of G.P referrals.
2. To improve CMHT response to referrals and simultaneously improve patient care.

Background
WHO recommends the following aspects of patient management, clarified and explained in referral letters to secondary care:
Presenting complaint.
Differential diagnosis.
Diagnostic features.
Initial treatment.
Details about information provided to patient.
Current plan.
Criteria for specialist consultation.
It was noticed that in most of the referrals these criterion were not met resulting in referral refusal or the CMHT spending their time gathering the required information, which made audit this part of the service.

Method
Referrals to local CMHT by G.P surgeries were evaluated over 6 month period.
8 surgeries covering a population of 30,000 were included in the audit.
3 items from WHO guidelines were included in the audit study.
Presenting complaint was subdivided into:
a) Level of distress.
b) Duration of illness.
c) Functional impairment.
Initial treatment.
Current plan.
Risk management (added as requested by team as vital).

Result
Total of 94 referrals were received over 6 months via G.P surgeries.
Average referrals per surgery per month= minimal 0.83- maximum 3.83.
6 month average of all 8 surgeries= 5 referrals per surgery-23 referrals per surgery.
The criterion was met in the following order of preference:
Current plan. (70-80%)  
Risk Assessment. (60-70%)  
Duration of illness (50-60%)  
Initial treatment offered. (50-60%)  
Level of distress. (50-55%)  
Functional impairment. (30-55%)  

Conclusion
Majority of surgeries need guidance to improve the standard of referral letters.

We recommended
Joint meetings at G.P surgeries or an open invitation for G.P to join our team meetings so as to enable them to understand our resources.
A tick box referral form to be formulated by the team to be distributed to G. P surgeries as a guide.
Re-audit to complete the audit cycle and record any improvements.

62. Physical Health Audit of the Early Intervention Inpatient Service at South London and the Maudsley NHS Foundation Trust

Christina Kyriakidou, South London and Maudsley NHS Foundation Trust

Aim
To evaluate the performance and documentation of the physical health assessment against standards set by the Early Intervention Operational Policy for patients who are admitted to the Early Intervention Inpatient Service.

Background
In recent years, there has been an increasing focus on the physical health of people who suffer from mental health problems. It has been recognised that people who suffer from mental illness have significantly increased risk of mortality and morbidity from physical health problems compared to the general population and reduced life expectancy. A thorough physical health assessment of young patients who are admitted to the Early Intervention Inpatient Service has a pivotal role for the overall management of their physical and mental health needs.

Methods
Service users who were audited were males and females who were admitted to the Early Intervention Inpatient Unit between January and April 2012. The first 60 case notes were audited with regards to documentation of physical health assessment against standards set by the Early Intervention Inpatient Operational Policy. A data
collection proforma was developed and used in order to collect the data from the electronic patient record of South London & the Maudsley NHS Trust.

Results
The audit identified that nearly 1/2 of patients had physical examination, blood tests and UDS documented in the notes. ECG was documented as performed in 1/3 and urianalysis in less than 1/5 of the case notes. Only weight measurement was documented as performed in the majority of the case notes; nearly 3/4. The majority of the investigations were completed within 72 hours of admission and only in the minority of the case notes the reason of not being performed was clearly stated in the notes.

Conclusions
The audit identified areas of performance and documentation which fall below recommended standards and highlighted the importance of clear and structured documentation of physical health assessment. The results were presented to the relevant stakeholders and recommendations were made for further improvement.

63. What do psychiatry trainees really want from 1:1 supervision sessions? A thematic analysis of focus groups.
Alex Langford, South London and Maudsley NHS Foundation Trust, Stavros Bekas, London School of Psychiatry

Aims and hypothesis
To qualitatively investigate the views of psychiatry trainees on 1:1 supervision sessions, with a view to developing guidance to standardise and improve practice.

Background
Psychiatry trainees are privileged in receiving a weekly hour of protected supervision time with a consultant. 80% of psychiatry trainees in London report having these sessions, and 80% of those that do describe them as very or quite satisfactory. However, specific empirical research on 1:1 supervision sessions has been limited due to theoretical, ethical and methodological constraints. There is no consensus on the purpose, content or structure of 1:1 supervision sessions, and there is marked variability in practice both within psychiatry and in comparison with other specialities due to lack of training and guidance.

Methods
We facilitated 6 focus groups of a total of 56 core and higher psychiatry trainees in Mental Health Trusts across London. Each group lasted 2-3 hours. We used a semi-structured questionnaire to elicit opinions on:

• the importance of supervision sessions
• the desirable characteristics of supervision session participants
• the preferred structure and content of supervision sessions
• the potential usefulness of a guidance document

Handwritten notes were taken and compared. A literature-driven thematic analysis was later performed and cross-checked.

Results
A protected and flexible structure to sessions was valued over a didactic, “tick-boxing” one. Practical and professionally formative content was preferred to “housekeeping” or theoretical topics. Supervisors were seen as needing a wide range of knowledge (i.e. clinical, cultural, pastoral), skills (i.e. communication, teaching) and attitudes (i.e. flexibility, enthusiasm) to be effective; trainees needed fewer but similar qualities. Participants thought guidance would be useful to improve the reliability and acknowledge the importance of supervision sessions. Thematic saturation was evident.

Conclusions
1:1 supervision sessions are an important professional development tool for psychiatry trainees, fulfilling a wide range of functions. A guidance document would be useful.

64. PATHWAY TO CARE: The characteristics of patients with mental health problems other than self harm who access care through emergency services out of hours
Rebecca Lasseko, University of Leeds and Leeds and York NHS PFT

Background
A considerable number of people attend emergency services for help with mental health problems. There is evidence from the literature that young men tend to seek mental health care from emergency services, particularly men with alcohol and substance misuse problems, and that there may be an over-representation of Caucasians who attend emergency services. This study investigated whether there are similar patterns in Leeds.

Aims
This study aimed to investigate the characteristics of patients who attend emergency services out of hours for mental health problems other than self-harm. It was hypothesized that most patients would be male, caucasians, with mild mental health problems, already known to services, and live near the emergency services.

Methods: Data on emergency service psychiatric assessments in Leeds over a two-year period (2010 to 2012) were derived from electronic records of patients attending emergency services. The data were analysed in SPSS using descriptive statistics and chi-square tests.
Results
The results show more males (60.1%) than females (39.9%) attend the services. The difference was statistically significant (chi-square 4.03, df 1, p=0.045). More males (79%) ended in psychiatric inpatients compared to (21%) females. However more males were also referred back to their GP following assessment. Those who attend emergency services tend to live nearer the hospital, where there is a direct bus route to the hospital and most patients are Caucasian (84%). The commonest days for emergency service attendances were weekends and also a slight weekday peak for Wednesdays. There are three peaks of commonest times of attendance which are 8am-10am (weekends), 5pm-6pm and 11pm-2am. The commonest reasons were suicidal ideas (27%), Psychosis (15%) and alcohol (11%). The majority of patients (68%) had a care plan prior to emergency service attendance.

Conclusions
The results were consistent with the hypotheses. However further research is required to understand the mental health seeking behaviours and attract men to seek care during working hours.

65. Is the level of training of medical students attending Psychiatry Summer Schools related to how their attitude will be affected?
Clare Lister, Tees, Esk and Wear Valleys NHS Foundation Trust

Background
Summer schools form a part of the Royal College’s Recruitment Strategy. They are now running in many locations across the country and evidence is emerging they may influence medical student’s attitudes towards Psychiatry. But there is little guidance about what stage of medical students Summer Schools should be aimed at.

Aims and Hypothesis
This project aimed to investigate whether a relationship between the stage of training of students attending Summer Schools and the change in their attitudes existed. Data was used from Summer Schools in the North East held in 2012 and 2013 that captured attitudes towards Psychiatry before and after each event.

Methods
Students attending both Summer Schools completed the ATP-30 (Attitudes to Psychiatry) at the start and end of the events.

Results
Combining results from students who attended both events before the summer schools the mean ATP-30 score was 118.24, and afterwards it increased to 126.64. A paired t-test was used to compare the mean difference scores and demonstrated a highly statistically significant increase (p<0.0001).
Using a correlation calculation it was demonstrated there is a positive correlation between stage of training and change in attitude.

Conclusions
The two Psychiatry Summer Schools in the North East of England in 2012 and 2013 had a significant impact on medical students’ attitudes towards Psychiatry.

The extent to which students’ attitudes were influenced appears related to their year of training. Students earlier in their medical training were more likely to experience a greater increase in their views of Psychiatry.

This has important consequences in development of Recruitment Strategies at appropriate stages. Given increasing demands on cost and time, its vital efforts and resources are targeted at the right people and the right time to produce maximum effects. It’s also important to realise the possibility of erosion of attitudes over time; therefore more longitudinal studies of students’ attitudes are needed.

66. An audit of alcohol related mortality reporting in the population served by the Durham Community Alcohol Service (DCAS) and comparison with national data.

Rajiv Reddy, Northern Deanery, Hamish McAllister-Williams, Newcastel University Soraya Mayet, Tees, Esk and Wear Valleys NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust

Introduction
UK alcohol related mortality is reported by the Office for National Statistics (ONS) to be highest of English regions in North East (NE) England. This audit examined alcohol related mortality reporting, specifically: the completeness of the data collected related to individual patients; the numbers and demographics of reported deaths compared to estimates based on ONS data; the contact patients had had with DCAS.

Methods
All reports of alcohol related deaths recorded by DCAS between 2009 and 2011 were examined. An audit standard of full recording of all details on the form used by DCAS was set. An estimate of the number of expected alcohol related deaths was calculated on the basis of ONS data and an estimated population of 520,000. The audit was registered with the County Durham and Darlington Foundation Trust.

Results
The quality of reporting showed improvement across the three years studied. Reporting forms for 82 patients were obtained for the three years being studied giving a rate of approximately 5.26 per 100,000 population per year. This compares with an ONS estimate of 21.57 for NE England. The male:female ratio was similar in the DCAS compared to ONS data (2.3:1 vs 2.1:1 respectively). The DCAS data however had many fewer reported deaths of patients aged 55-74 than might be
expected if compared to ONS data. Half of reported deaths had been active to DCAS in some form at death.

Discussion
It is estimated that only around 1 in 4 alcohol related deaths are reported to DCAS. Reporting appears to be particularly low for older patients. Half of deaths reported were of patients who had been engaged with the service. It is unclear if patients not reported had lower rates of engagement and/or whether this was the cause of them not to be reported.

67. Clinical Coding Audit Bluestone Unit Craigavon Area Hospital Southern Health and Social Care Trust

Jacinta McLaughlin, Southern Health and Social Care Trust Northern Ireland, Neta Chada, Southern Health and Social Care Trust Northern Ireland

Aims
The audit was conducted to assess the clinical coding of discharge letters for patients admitted to Bluestone Unit, Craigavon Area Hospital. The main objective was to ensure that there was high quality clinical coding of discharge letters, with all letters receiving a code that was accurate and complete.

Background
Clinical coding is the allocation to each clinical record of codes selected from the national standards to facilitate ease of data retrieval and direct comparability between patients with similar morbidities. Within the general hospitals, clinical coding has important implications for funding and it is anticipated that this will also apply to mental health and learning disabilities in the future.

Methods
A random selection of 24 notes was obtained for patients discharged during the month of June 2012. The notes were scrutinised to determine the reason for admission, diagnosis(es) and treatment. This was compared with the information on the discharge letter (if available), and discussed with the clinical coder to ascertain the clinical code allocated to each record.

Results
Of the 24 set of notes evaluated, only 14 (58.3%) letters had been typed and coded. Of these 14 letters only 5 (21% of the overall sample) were coded accurately in relation to their psychiatric diagnosis(es). 5 (21%) were not coded completely in relation to their psychiatric diagnoses. The other 4 letters (16.6%) were given no diagnosis on discharge and therefore no clinical code could be allocated. None of the letters were coded with relation to a physical illness. treatment

Conclusions
Clinical coding of discharge letters for Bluestone Unit, CAH was incomplete and
inaccurate. No consideration was given to patients with physical illnesses or physical comorbidities. Very few patients received more than 1 diagnosis, which resulted in their not receiving appropriate clinical codes. Consultants are to consider diagnosis(es) on a weekly basis at the ward round, and this is to be recorded on the weekly ward round sheet.

68. Medicines Reconciliation within the Southern Health and Social Care Trust Home Treatment Crisis Response Team

Jacinta McLaughlin, Southern Health and Social Care Trust Northern Ireland

Aims
We sought to perform an audit to obtain information on the quality of medicines reconciliation following the admission of patients to the Southern Health and Social Care Trust (SHSCT) Home Treatment Crisis Response Teams (HTCRT).

Background
Medication errors are a recognised cause of avoidable morbidity and mortality. A patient safety solution aiming to reduce medication errors at the point of admission has been issued. This focuses on the importance of medicines reconciliation. This aims to ensure that medications prescribed for a patient on admission correspond to those that the patient was taking before.

Methods
All twenty three patients admitted to the care of the SHSCT HTCRTs in a two week period in March 2013 were included in the audit. Basic demographic data was collected for each patient as well as their diagnostic grouping. Details of medicines prior to admission were also recorded. Discrepancies were identified.

Results
The demographic details and diagnosis was documented for all patients. Twenty one of the twenty three patients had documented evidence of the medications they had been taking prior to admission, but in all cases this was incomplete. A small number of discrepancies identified were clearly clinically significant. Levothyroxine was omitted for one patient who was discovered to be thyroid toxic and being treated for anxiety. A mood stabiliser was omitted in one patient and a beta blocker in another. One patient was not prescribed their anti depressant medication

Conclusion
The results above indicate a need for improvement. A training programme is currently being provided to all practitioners. They are being encouraged to avail of the Community Mental Health Pharmacist, a recent addition to the SHSCT HTCRTs. It is envisaged that patient safety will benefit from these changes. A re-audit is to be performed to ensure improvement.
69. **Effect of change of model of delivery from ACT to FACT on patient engagement**

**Deepak Mirok**, Coventry and Warwickshire Partnership Trust, Theodora Papanikolaou, Coventry and Warwickshire Partnership Trust, Andy Owen, Coventry and Warwickshire Partnership Trust, Loopinder Sood, Coventry and Warwickshire Partnership Trust, Sally Bradley, Coventry and Warwickshire Partnership Trust

**Aims and hypothesis**
In January 2012 South Warwickshire Assertive Outreach Team changed its model of delivery of care from ACT (Assertive Community Treatment) to FACT (functional ACT). The present study aimed to assess the effect of this change on the patients’ engagement with the service.

**Background**
ACT model was developed as a specialist community-based approach for the care of patients with severe and enduring mental illness, who are known to have difficulty engaging with services. Engagement is considered to be an integral feature of the ACT and previous research has shown that ACT improves patients’ engagement (Wane, Owen, Sood, Bradley, & Jones, 2007). FACT incorporates ACT model, but is more flexible and serves a broader range of clients. FACT teams follow either an individual or a team approach depending on each client’s needs (Remmers van Veldhuizen, 2007).

**Methods**
The present study employed an observational design comparing data from a cohort of patients six months prior and four months after the service delivery change. The Engagement Measure (Hall, Meaden, Smith & Jones 2001), an observer rated 11-item scale, was used to assess patients’ engagement and data was collected in a total of 34 patients.

**Results**
The mean score 6 months prior to the change was 32.7 and 4 months after the change was 35. This difference was found to be significant (p<0.04), using a permutation test, showing improved engagement over this time period.

**Conclusions**
The change in model of care from ACT to FACT was not associated with a reduction in patients’ engagement with the service.

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70. **Audit on self-harm in the Emergency department, St Helier hospital**

**Ashma Mohamed**, South London and St George’s Trust, Natasha Gupta, Surrey and Borders Partnership NHS Foundation Trust

**Aim & hypothesis**
To establish how many patients presenting with self-harm to the emergency department (ED), St Helier Hospital, receive a psychosocial assessment by a mental
health professional, as recommended by the NICE guidelines 2011, and to identify at which points premature discharge prior to psychosocial assessment happened.

**Background**
Self-harm is a common presentation in the ED and NICE 2011 advises psychosocial assessment should be offered to all self-harm patients. The death rate by suicide of people who self-harm is known to be between 50-100 times higher than the general population.

**Method**
A retrospective list of all patients presenting with self-harm to the ED for the three month period October - December 2012 was taken using two diagnostic codes; N6 (self-harm) and N10 (overdose). Cases of accidental self-harm and presentation with suicidal thoughts alone were excluded. Data was analysed using Microsoft excel.

**Results**
Of the 87 patients analysed, there were 24 premature discharges; 58% of which self-discharged and 42% were seen and discharged by an ED doctor without referral to the Psychiatry team. Of note, 92% of those who did not receive psychosocial assessments presented out of hours (self discharge 59%; seen by ED but not referred to Psychiatry 41%). Higher proportion of overdose as a method of self harm in those who did not receive a psychosocial assessment (88%).

**Conclusions**
Our findings show that we are not fully compliant with the NICE guidelines. In addition, they show that most premature discharges happened out of hours. Possible reasons for this are explored under the headings patient-related factors and system-related factors. We recommend psychosocial assessment for all self-harm patients which can be facilitated by education of ED staff. To reduce self-discharge we can provide information leaflets in ED explaining process of assessment, crisis helpline numbers and all patients should have a GP letter to ensure appropriate follow-up.

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71. **Knowledge of mental health legislation amongst medical doctors**  
**Nabiha Mohammed, NHS Forth Valley**

**Aims and hypothesis**
1. To investigate whether there was a deficiency in knowledge of the Mental Health Act Scotland (2003) by medical doctors in a hospital setting.

2. To investigate the effectiveness of a teaching session in ameliorating such deficiency.

**Background**
The Mental Health Act Scotland (2003) is an important piece of legislation used frequently in psychiatric practice. Because it is used infrequently in a general
hospital, such as the Emergency and Medical departments, knowledge of its practical use is not easily maintained by physicians. Although most legislative work is done by psychiatric services, for practical reasons some emergency mental health act work must be devolved to non-psychiatric clinicians. Previous literature suggests there is a knowledge gap amongst non psychiatrists with regards to the Mental Health Act. Clinical implications include delay in hospital admission and initiating treatment, as well as unsafe discharges against medical advice in mentally unwell patients. As part of continued professional development, all clinicians should remain up to date on current legislation.

Methods
A cross-sectional survey of medical doctors’ knowledge of and confidence in using the Mental Health Act was performed, before and after a teaching intervention in the form of an interactive session was delivered.

Results
The initial survey yielded a response rate of 36%. It indicated there was a gap in knowledge amongst medical doctors. The post intervention response rate was 55% and it compared knowledge between those who had attended training versus those who hadn’t. The percentage of correct answers to knowledge questions increased by between 14-37% in the post training group, along with levels of confidence in using the Mental Health Act Scotland (2003).

Conclusions
The results of this survey demonstrate that physicians need continuing teaching and training regarding mental health legislation. Results show that knowledge and confidence levels can be increased by a straightforward training session. Improved knowledge of the act amongst physicians is likely to result in a safer medical service.

72. Antipsychotics including Olanzapine and Peroneal nerve Palsies – Is there an Association?
Mahesh Nachnani, Norfolk and Suffolk Mental Health NHS Trust, Mohammad Mazharuddin, Norfolk and Suffolk Mental Health NHS Trust

Aims and hypothesis
A variety of side effects are reported on day to day practice in Psychiatric patients treated with Psychotropic medication. It is uncertain if the association between antipsychotics particularly Olanzapine and bilateral foot drop is causal or is related to any other factors. We report the case of a 72-year old woman presented with Depression with Psychotic symptoms who was treated with antipsychotic Olanzapine. However, the patient developed bilateral peroneal nerve palsies. This case supports the hypothesis that antipsychotics including Olanzapine may be related to bilateral peroneal nerve palsies.

Background
Peroneal nerve palsies are generally considered to have an organic origin. However,
in a significant percentage of individuals with peroneal nerve palsies a definite structural or functional pathology can be identified.

Methods
We carried out a literature search across the databases including Cochrane Library, Medline, Embase, PsycINFO, and Google Scholar and in various non-psychiatric medical journals using key words (Olanzapine OR OLANZAPINE) AND (peroneal pals* or peroneal neuropathies or neuropathy or peroneus nerve paralysis or drop* foot OR drop foot). A combination of words and subject headings were used. A very small number of results were retrieved but were excluded as irrelevant. Surprisingly, no published literature was found in peer reviewed journals reporting association of antipsychotics with bilateral peroneal nerve palsies and a very small number of results were retrieved but were excluded as irrelevant. Routine medical investigation and neurological investigations and examination consultations failed to identify any other cause.

Results
Foot drop was getting worse so Olanzapine was stopped. She was started on a different antipsychotic, which she was tolerating well and her bilateral foot drop resolved.

Conclusions
Olanzapine may cause peroneal nerve palsies. It is important to rule out an organic etiology. There is a need for more systematic research to explore the relationship between antipsychotics including Olanzapine and peroneal nerve palsies.

73. Audit of cardiovascular monitoring in patients prescribed clozapine in Bradford District Care Trust
Usha Narayana, Nottinghamshire Healthcare NHS Trust

Aims and Hypotheses
To investigate the frequency of cardiovascular monitoring and the clinical actions taken in response to electrocardiogram abnormalities in patients prescribed clozapine.

Background
Cardiovascular disease accounts for 50% of deaths in schizophrenia which is partly attributed to the use of psychotropic medication. The risk of clozapine-induced myocarditis, cardiomyopathy and sudden cardiac death is well-documented and Maudsley guidelines recommend that patients should have a baseline electrocardiogram and echocardiogram performed prior to commencement of clozapine followed by yearly electrocardiogram monitoring thereafter. Clinical actions are also recommended when specific electrocardiogram abnormalities are found.
Methods
All paper and electronic records of 98 patients registered with the local Clozaril Patient Monitoring Service were reviewed using a piloted data collection tool which gathered information on demographics, cardiovascular risk factors, medication, frequency of cardiovascular monitoring and clinical actions taken when electrocardiogram abnormalities were found.

Results
• Baseline electrocardiogram and echocardiogram were performed in only 30% (n=31) and 1% (n=1) of cases respectively.
• Yearly electrocardiogram monitoring was performed in only 28% (n=173) of cases.
• Clinical actions taken in response to electrocardiogram abnormalities were extremely variable.

Conclusions
The results suggest that cardiovascular monitoring of patients prescribed clozapine is poor but could also be partly explained by a lack of awareness amongst clinicians in relation to monitoring standards and an inefficient filing system. The audit also highlighted the need for a clear physical health care pathway for clozapine patients who present with electrocardiogram abnormalities. Actions taken in response to these findings:
• All cardiovascular investigations are now filed electronically.
• An electrocardiogram and echocardiogram must be performed before clozapine can be prescribed.
• Continued prescription of clozapine now requires that yearly electrocardiogram monitoring is performed.
• Yearly electrocardiogram-interpretation training for psychiatrists has been introduced.
• A clozapine physical health care pathway has been developed in partnership with local cardiology services.

74. Medical Record Keeping Audit of Inpatients at Bushey Fields Hospital in Dudley
Hamid Hassan, Dudley and Walsall Mental Health Partnership Trust, Joanna Pegg, Dudley and Walsall Mental Health Partnership Trust, Amitav Narula, Dudley and Walsall Mental Health Partnership Trust

Background
The importance of good record keeping is paramount as laid out in GMC guidance of Good Medical Practice. Good quality medical records enable the best possible level of care to the service user.

Aims
To determine the quality of medical records and documentation in the inpatient setting.
To compare results to the last medical record keeping audit (2011/2012)

To identify any recommendations that can be made to improve the quality of medical records.

Methods
Data was collected across a dedicated day at 5 inpatient wards. The quality of the notes was audited using a paper-based audit tool which was set using the Mental Health Capacity Act 2005 and the CQC Guidelines. Compliance for each particular standard was set at 100%. The data collected was sent to the clinical Governance Department for analysis with percentage compliances for each standard.

Results
Sixty inpatient notes were reviewed. When compared to 2011-12 there were improved results for 15 of the standards; with worse results exhibited for 14 standards. 100% compliance was observed with entries being dated, mental state examination being done and recorded upon admission and the date of the admission being recorded. The 5 standards with the lowest scores included: HONOS completed on the first ward round or earlier (16.9%), observation level being recorded during ward review (23.3%), entries being dated/timed (25.0%), side-effects from medications recorded (27.6%) and mental capacity being recorded (28.3%).

Conclusions
Audit results and recommendations are to be sent to all Consultant Psychiatrists with a view to being shared within their corresponding medical team. Results are also to be presented at the local postgraduate teaching session. Mock style ward rounds to be organised for junior doctors during their induction to improve quality of record keeping. A standard checklist is to be implemented in ward round notes that will act as a ‘tick’ list for these categories.

75. Audit of Compliance with CQC Consent to treatment rules within inpatients at Manchester Mental Health and Social Care Trust
Andrew Nivison, Manchester Mental Health and Social Care Trust

Aims
This audit aimed to confirm if we are currently meeting standards set out in the Mental Health Act Code of Practice in relation to consent to treatment (CTT).

Objectives:
1. Identify if current practice meets legal requirements within the code of practice.
2. Identify areas to improve and develop strategies to support this.
3. Identify areas we are doing well in and continue this practice.

Background
Patients detained under the Mental Health Act have their treatment authorized after
a period of three months of detention. This is done with a form T2 or T3 (in exceptional circumstances a form 62). Wards and consultants have responsibility to ensure that treatment is authorized. There is currently no fixed system for this and wards use different methods of monitoring their compliance to this.

Methods
Patients detained under the MHA for 3 months or more on 19th April 2013 were included in the audit. The patient lists were accessed from AMIGOS (records system) and patients identified subject to the CTT rule at the NMGH site.

Results
52 patients identified for the audit at NMGH. Results for each ward were also separately recorded and for each RC.

Strengths
• There was a 96% compliance rate with patients having a valid CTT document completed.
• Compliance with CTT documents being attached to the medication kardex was 94%.

Development Areas
• Compliance with medication matching the treatment plan on T2/T3/form 62 was 85%.
• Compliance with only authorized medication being administered was 71%.
• Compliance with the standard that the RC should have documented in medical notes about CTT discussion with patient and opinion on capacity was 27%.

Conclusions
The action points are to highlight the need with all inpatient RC’s to put a treatment plan and capacity assessment on AMIGOS when a T2 is completed or a SOAD is requested for T3. To provide additional training to nursing and medical staff about prescribing and administering to patients subject to CTT rules.

76. Audit of Holywell Liaison Psychiatry Service: Timeliness of Response to Referrals
Catherine O’Lynn, Northern Health and Social Care Trust

Background + aims
Regarding expectations of Liaison Psychiatry, studies have shown that referrers value speed of response and regarded time from referral to definite management plan as key performance indicators for benchmarking services. The aim of this audit was to assess the timeliness of response to referrals by medical staff in Holywell Liaison service, Northern Ireland, and to compare practice against the standards set by Psychiatry Liaison Accreditation Network 2009.

Methodology
This was a prospective audit with data collected over a nine week period from
October to December 2011. All referrals received by the liaison service within normal working hours were included. Data including patient demographics, urgency and reason for referral and previous use of services were recorded. The time taken for medical staff to respond to the referral was recorded as the outcome measure.

Results
103 referrals were received during the audit period with 53 being assessed and managed by the core trainee or consultant working in liaison psychiatry. Over half of the referrals received required a deliberate self harm assessment. 74% of patients referred had previous contact with the liaison service in the last, with 2/3 of these patients having contact with the service in the past year. Of the 53 patients allocated to medical staff, 40 were deemed to require an urgent assessment by the referrer. A standard of 100% was achieved as all 40 patients were seen within the same working day. Of the remaining 13 referrals, which were categorised as routine; 11 were seen within two working days and 2 were deemed inappropriate for the liaison service. Again a standard of 100% was achieved.

Conclusions
At the time the audit was conducted, the Holywell Psychiatry Liaison service fully met standards for timeliness of response to urgent and routine referrals. We did not specifically evaluate the quality of the interventions. We recommended that the audit be repeated in the near future and should include a measure of patient and referrer satisfaction.

77. Cognitive Screening on Admission to Acute Psychiatric Wards: What Have You Forgotten?
Gillian Paterson, NHS Forth Valley, Jim Crabb, NHS Forth Valley

Aims and hypothesis
This study aimed to investigate the standard and frequency of cognitive screening undertaken in patients admitted to general adult psychiatry wards, and to assess attitudes to and knowledge of screening in clinicians. We hypothesised that screening would be supported and used frequently.

Background
There has been a high profile campaign for greater screening for cognitive impairment in general practice and medical wards. Curiously this does not seem to have extended to psychiatry.

Methods
A prospective survey was undertaken of all cases admitted to local acute psychiatric wards. Details regarding cognitive testing and management of cognitive impairment were recorded over time.
A cross sectional survey of clinicians’ attitudes towards and knowledge of cognitive testing was performed.

Results
30 patients were identified. Four underwent validated screening. 14 underwent a check of orientation. 10 were noted to be “confused”; only one underwent validated screening.

No patients failing basic orientation checks underwent subsequent screening. Four were discharged after failing screening.

35 out of a potential sample of 54 completed the survey. 80% agreed that screening was useful. 71% reported using basic orientation checks. 26% reported using formal screening. 91% of trainees reported checking orientation compared to 57% of consultants, but 9% of trainees used formal screening compared to 36% of consultants.

Consultants identified the broadest range of screening tools. Some tools were identified by relatively few respondents.

Conclusions
Basic assessment of orientation is insufficient to exclude brain disorder. However, it appears that this is the only screening most patients receive, if any.

There is no mechanism for following up confused patients: testing is not repeated in patients failing screening.

Trainees appear more receptive to screening than consultants, but this is for non-validated screening and is not matched by practice.

Consultants agreed that screening is useful; however it is trainees who undertake it. Consultants do not appear to oversee this.

Although all groups had good knowledge of common screening tests, this is not put into practice.

78. Review of Mersey care NHS Trust Care Programme Approach (CPA) Policy 2012 and CPA Review Documentation of Part 1 & 2 forms through Merseycare Electronic Record System (Epex)
Qaiser Javed, Registrar (ST4) in Merseycare NHS Trust, Qaiser Javed, Registrar (ST4) in Merseycare NHS Trust, Amit Chorghade, SHO in Merseycare NHS Trust, Yusuf Pervez, Consultant in General Adult Psychiatry Merseycare NHS Trust

Aims & Hypothesis
To assess CPA documentation and cross reference with existing Trust policy with view to suggest changes to Trust Policy and CPA Review documentation.
Background
Trust policy reflects the standards contained within National policy guidance.

It’s recommended that CPA patients should be involved in assessment of their own needs and development of plan to meet those needs. Formal review is recommended at least once a year as per National Policy. Trust Policy states review period should be conducted at least 6 monthly. All CPA Reviews should be recorded electronically on ePEX.

Methods
Retrospective analysis of data by three different Community Mental Health Teams (CMHT). Areas which were not filled in were taken as ‘not documented’.

60 patients on CPA randomly selected by team managers from three different teams of CMHT.

Results
Out of 60, 6 patients had no Part 1 and 15 had not Part 2 CPA documentation.

Documentation of 98% of patients and staff details with above 95% of child protection plan was noted. In 91%, changes to medications and care plan were recorded and 89% were offered a copy of review with 94% of service users agree with the review and funding arrangements.

52% had no new risk assessment documented with only 10% documented patients wish for sharing information. 47% of patients had no date for next care plan. 55% had no primary diagnosis recorded.

Inadequate documentation noted for changes identified in needs and carers view about reviews.

Conclusions
Study highlighted that CPA documentation could be more user friendly & more precise to avoid duplication of information. CPA Implementation Manager should be forwarded the copy of results. Study highlighted delays in recording of CPA reviews on Epex. Major areas for improvement were identified mainly patients wish for sharing information; recording of primary diagnosis, date for next care plan and frequency of CPA reviews.

79. Audit on Substance Misuse Management in Patients with Dual-Diagnosis

Georgy Pius, Manchester Mental Health and Social Care Trust, Venkatraghavan Ramaswamy, Manchester Mental Health and Social Care Trust, Jyotsna Srivastava, Manchester Mental Health and Social Care Trust, Mark Holland, Manchester Mental Health and Social Care Trust
Background
NICE (National Institute of Clinical Excellence) provides clear guidelines for delivery of good clinical practice in the assessment and management of service users with a dual-diagnosis of Psychosis with Substance Misuse (PSM 2011).

Aim
To monitor management of Substance Misuse in dual-diagnosis patients and how it compares with the latest NICE guidelines (PSM 2011).

Methods
The audit focused on adult inpatient services and considered NICE standards in relation to assessment of substance misuse in patients with dual diagnosis.

An appropriate data collection tool was devised and the information collected was from – review of clinical notes, review of information available to patients on the wards and views of service users.

Clinical records of 52 inpatients, views of 13 service users and 7 inpatient wards were included in the study.

Main Results
• Almost a third of inpatients had a comprehensive substance misuse assessment done (16/52) while it was lacking in 4 of them and 32/52 had a partial assessment. Assessment of substance misuse dependence was done in a third of inpatients (18/52). More than half of the inpatients had care plans in relation to substance misuse identified (36/52).
• 6/7 inpatient wards had patient information relating to substance misuse but none of the wards had NICE and Trust guidelines on Substance Misuse.
• 11/13 service users were given information on substance misuse while 10/13 felt they were treated adequately.

Conclusions
The report identified aspects suggesting good clinical practice. However there were several areas of concern noted, in particular the comprehensiveness of substance misuse assessment and information on its guidelines on the wards. This, the audit team felt could be addressed through appropriate training and awareness and provision of NICE guidelines and Trust policy relating to substance misuse.

The action plans are being implemented and we will be re-auditing in 6 months time to look at the results.

80. An Audit of Metabolic Syndrome in Acute Inpatient unit.
Ayaz Qureshi, Mersey Forensic Psychiatry Service

Introduction
Some psychiatric illnesses tend to predispose patients to metabolic syndrome. Some psychiatric medications have been linked with an elevated risk of metabolic
syndrome. Metabolic syndrome has an increased risk of cardiovascular disease and type 2 diabetes.

Method
data collection of the following parameters over 3 months from medical notes of inpatients at Millbrook Unit, Mansfield: Body Mass Index (BMI), BP, Fasting Blood tests (Lipid profile and Glucose) and current medication.

Results
84 case notes were reviewed and 20 patients met the criteria for metabolic syndrome (24%). The physical monitoring was deficient, 80% had blood glucose tests (10% fasting), and Lipids were documented for 50%. However documentation of BP was 100%.

Conclusion
This audit highlights the need for a systematic approach to assessment and management of physical health needs in people with severe mental illness. Improved physical monitoring and documentation can significantly increase the number of undiagnosed cases.

Recommendations
- Refer patients with metabolic syndrome to GP for treatment
- Healthy Lifestyle advice and dietician referral.
- Frequent monitoring of BP, BMI, Blood Glucose and Lipids.
- Re-audit and aim to achieve 100% standards.

81. Audit of monitoring of patient’s on high dose antipsychotic therapy
Anna Rebowska, Pennine Care NHS Foundation Trust, Sarmad Nadeem, Pennine Care NHS Foundation Trust

Background
Previous audits within the trust demonstrated poor adherence to monitoring recommendations for patients who receive high doses of antipsychotic medications. This creates a concern for patient safety as HDAT is associated with a range of physical side effects and complications.

Aims and hypothesis
This audit aims to assess the extent to which current practice meets the Pennine Care High Dose Antipsychotic Therapy Guideline. The specific aims were to identify all patients within Dr Nadeem’s case load that currently receive HDAT and ascertain if they are being monitored in line with trust guidelines.

Method
We have aimed to audit all the patients within the sector rather than a sample as we predicted that only a small number of patients are going to be receiving HDAT and they were unlikely to be accurately identified by random sampling of the sector.
population. Consequently 310 patients were audited, which are likely to represent entire sector population.

Results
This audit has demonstrated that only 7 patients within the sector currently receive HDAT. This is inline with guidelines by NICE and Royal College of Psychiatry. Monitoring of patients who receive HDAT fails short of the recommended standard. Only 50% had a HDAT monitoring sheet completed and filed in the notes. None of the patients had regular ECG monitoring and only 50% had all relevant blood tests. Consent for treatment was documented for 50% of patients on HDAT.

Conclusions
This audit demonstrated that monitoring of patients who receive HDAT fails short of expected standards. In order to address this issue we have developed a register of patients receiving HDAT in order to facilitate easy identification of patients that require regular ECGs and blood tests. A learning need has been identified amongst junior doctors, who are not aware of the requirements for monitoring and the proforma. This will be addressed through the local teaching programme in collaboration with our lead pharmacist.

82. A study of referrals and their outcomes to the Hadley Psychiatric Intensive Care Unit. (PICU)
Sukhjinder Kaur Sangha, Psychiatry Registrar - Worcestershire Health and Care NHS Trust, Anna Lukaszewska, CT3 Worcestershire Health and Care NHS Trust, Sukhjinder Kaur Sangha, Psychiatry Registrar - Worcestershire Health and Care NHS Trust, Dr Steve Choong, Amy Hubble, Worcestershire Health and Care NHS Trust.

Aims
Referral forms over one year were evaluated to consider their nature, appropriateness and outcome.

Background
The Hadley Unit is a nine bedded unit, able to provide care for six males and three females who cannot be managed on open admission wards. It receives referrals from within and outside Worcestershire. PICU is more restrictive in terms of physical environment and enforcing ward boundaries as compared to open admission wards.

Methods
Data were retrospectively collected in the period of 01/01/2013-31/12/12 from the referral folder, discharge summaries and national computerized records. Parameters included: age, sex, diagnosis, date and reason of referral, duration of admission, service of origin and transferred to.
Results
Of 146 referrals, 83 were admitted and 63 were turned down. Of 83 admissions, 47 forms were missing. Age range was 18-65 years. Male to female ratio was 7:2.

63% of admitted patients were from within Worcestershire, 37% from outside the county.

From the 47 forms, the main reasons for referral were aggression or damage to property, absconsion and self-harm.

For all admissions: the majority had diagnosis of Bipolar Affective Disorder (23), Schizophrenia (20) and Schizoaffective Disorder (10).

The mean length of stay was 39.5 days with a range of 2 to 327.

68% of patients were transferred back to an open ward and 26% required transfer to a more specialised unit.

Advice was given for local management of patients turned down and this averted admission to PICU in 92%.

Conclusions
1. The main psychiatric diagnoses were affective and psychotic disorders.
2. Many referral forms were missing.
3. The main reasons for referral were aggression, absconsion and self-harm.
4. Majority of non-admitted patients were managed effectively with advice.

83. Audit of Use of Mood Stabilisers in Women - Informed Decision Making
Sarfaraz Shora, Bradford District Care NHS Trust, Meghana Mothi, Bradford District Care NHS Trust, Afshan Jabeen, Bradford District Care NHS Trust

Aim
To evaluate if relevant steps were taken to aid women of childbearing age in making informed decisions regarding their treatment with mood stabiliser medication, the risks associated with the use in pregnancy on the foetus, and use of effective contraception.

Background
There are growing concerns on use of certain psychotropic medications on women’s reproductive health, pregnancy and lactation. Lithium, Sodium valproate, Carbamazepine and Lamotrigine are recommended by National Institute for Health and Care Excellence (NICE) in the treatment of Bipolar Disorder. While treatment of Bipolar disorder is crucial, NICE recommends that healthcare professionals should give relevant information to patients at every stage of assessment and treatment to enable patients to make informed decisions about their care.
Methods
Our audit was based on NICE guidance for Bipolar disorder (CG38) and Antenatal and postnatal mental health (CG45). Documentation in patients’ case notes of verbal discussions and providing written information was used as a proxy measure. We retrospectively analysed case notes of all women of childbearing age under the care of Bradford District Care Trust from January 2009 to April 2012.

Results
Of 616 women of childbearing age, 119 met the inclusion criteria. Patients’ ages ranged from 20 to 55 years. Sodium Valproate was more frequently prescribed (52%), followed by Lithium (22%), Lamotrigine (14%) and Carbamazepine (12%). There was evidence of verbal communication of potential risks and benefits of treatment in 35% and provision of written information in 11%. Contraceptive advice was documented in 24% and assessment of capacity to consent to treatment was found in 31% of case-notes.

Conclusion
There is lack of adequate communication between clinicians and patients. It appears that there is very little involvement of patients in decision-making process and that they are making decisions about treatment without adequate information. In addition, the standards of record keeping in National Health Service are still poor despite being endorsed by NICE.

84. A National Survey to Evaluate Awareness of General and Forensic Psychiatrists about Police Custody Diversion and Court Liaison Services
Samir Srivastava, Tees, Esk and Wear Valleys NHS Foundation Trust

Background
The Department of Health has announced a new national policy for developing diversion services. This will lead to police custody and court diversion schemes to be developed regionally across the country by 2014. New services will therefore be developed or current services reconfigured.

Aims
The Community Diversion and Prison Psychiatry Clinical Network discussed issues relating to this new policy development at the General and Community Psychiatry Faculty Conference in October 2011. In order to obtain an understanding of the awareness of psychiatrists about current services nationally, a survey was designed.

Methods
This survey was emailed to all registered members of the Forensic and General and Community faculties from 4th April 2012 to 6th June 2012. Results: 251 psychiatrists responded and 73.7% of those were Consultants. The General and Community Faculty showed the highest rate of responses from sub-specialties with 62.2% of the total responses. 164/235 (69.8%) of respondents were aware of custody diversion.
schemes in their area. 81/172 (41.1%) of respondents stated that they didn’t know how long schemes had been running. 152/185 (82.2%) of respondents replied that they were not involved in custody diversion schemes. 33/57 (57.9%) of respondents stated that they were not involved in any leadership roles within schemes. The survey demonstrated a huge variation in the development of custody diversion schemes across regions and Trusts within the United Kingdom. 71/235(30%) of respondents were not aware of any such schemes in their area or region. There was huge variation in the disciplines of staff involved and the majority of schemes were nurse led. There was a lack of awareness of services for children and young people, older age adults and those with learning disabilities.

Conclusions
There is concern over the lack of awareness of custody diversion schemes and raising awareness and providing further education in this area will be crucial to the functioning of the diversion pathway.

85. Assessing our Assessments
Radhika Sen, Camden and Islington NHS Foundation Trust, Giles Story, Camden and Islington NHS Foundation Trust, Maria Xuereb, Camden and Islington NHS Foundation trust, Michael Yousif, Camden and Islington NHS Foundation trust

Aims and hypothesis
To ascertain the number of general psychiatric inpatients that follow the trust policy of having a physical assessment within 24 hours of admission and documented in the ‘core assessment’ of Rio electronic records.

Background
Recent studies have shown that individuals with psychiatric conditions have a marked reduction in life expectancy. Often opportunities to offer them thorough physical assessments are not fully utilised. Furthermore incorrect usage of recording systems further impedes management.

Methods
Notes of 107 acute admissions, between February to March 2012, to Highgate Mental Health Centre were examined for whether a physical examination was conducted within 24 hours, or at all during the admission, and documented in the correct area. If no examination was conducted notes were checked for a clear documented reason. Following the obtainment of the first set of results numerous emails were sent to all core trainees with reminders of the trust policy on physical examinations. Notes of 48 inpatients from September 2012 were reaudited in November 2012.

Results
34% (32/93) of inpatients, who were admitted for >1 day had a physical examination documented within 24 hours of admission in the core assessment. 39% (42/107) had
no physical examination during their admission, 43% (18/42) of whom had no documented reason. The re-audit showed 32% (13/41) had a physical within 24 hours who were admitted >1 day, and 33% (18/48) had no physical during their admission, 33% of whom (6/18) had no reason documented.

Conclusions
There was no improvement in the number of physical examinations documented in the core assessment within 24 hours of admission, though there was a slight improvement in percentage of patients that had a physical examination during their admission 67% compared to 61%. This supports the necessity to further improve trainee education. Furthermore new policies often focus on more complex physical assessments which seems redundant if an accessible basic physical assessment does not occur in the first place.

86. Service Evaluation Project of Hertsmere Community Mental Health Team (CMHT) Duty Service

Animesh Tripathi, HPFT, Shane Ryan, HPFT

Aim
The objective of the project was to get information about activity levels, need of medical input and outcomes following face-to-face duty assessments between 1st May13 to 15th August13. With an increased pressure on finite resources and on a background of reconfiguration within the NHS and our trust, the project was aimed at assessing the utility and sustainability of this service.

Background
The “Hertsmere Duty Service” is a rapid access specialist psychiatric assessment service which operates Monday to Friday between 1.00 pm to 5.00 pm and is an integral part of CMHT. The duty workers respond to referrals from multiple sources and after screening direct the patients to the most appropriate pathway.

Methods
A simple data collection instrument was created which was used to record all unplanned face-to-face contacts with service users during this time-period. After the completion of the data collection phase, the findings were analysed by senior clinicians and presented to the local practice governance meeting.

Results
-25 clients were seen by the service in the defined period and 11 clients were signposted for an outpatient review with a psychiatrist
-7 clients were found to be unwell enough to be referred to the local “Crisis and Assessment Team”
-5 clients were offered non-specific support with no change in established care plans
-2 clients were discharged back to primary care services
Conclusions
The duty system was felt to be offering a useful service as nearly two third of the clients had an active intervention as the outcome-early outpatient review or intensive CATT input. In the absence of such a service, a proportion of the clients would have ended up being referred to the local A&E with associated delays in accessing appropriate care and unnecessary clogging up of acute services. However the low activity levels of the service would suggest that alternate innovative and more resource-efficient service delivery models need to be actively pursued.

87. NOVEL CLOZAPINE AUGMENTATION STRATEGIES – SERVICE EVALUATION
Paul Young, Ashworth Hospital, Mersey Care NHS Trust, Edward Silva, Ashworth Hospital, Mersey Care NHS Trust

Aims and hypothesis
To determine the effectiveness of novel non-antipsychotic clozapine augmentation strategies with: Lamotrigine, Topiramate, Allopurinol, Memantine.

Background
The management of treatment resistant schizophrenia unresponsive to clozapine has a limited evidence base. Adding D2 blockade to the receptor profile of clozapine with an additional antipsychotic is the most common strategy. If unsuccessful, common practice entails serial trials of antipsychotic augmentation. However if this is unsuccessful then alternate strategies to inhibit glutamate release (lamotrigine), directly potentiate GABA (topiramate) increase adenosine (allopurinol) or antagonise NMDA (memantine) may offer some benefits and have different and occasionally beneficial side effect profiles.

Methods
Current patients at Ashworth Hospital prescribed clozapine and augmentation with lamotrigine, topiramte, memantine or allopurinol within 3 years and remaining for at least 6 months were identified. Effectiveness was assessed by retrospective analysis of patient notes in order to rate clinical global impression (CGI), CGI improvement and clozapine dose at initiation. Reasons for any discontinuations were documented.

Results
Lamotrigine augmentation was used in fifteen patients, topiramate in three, allopurinol and memantine in one each. There was an observed overall CGI improvement with clozapine augmentation in Lamotrigine, Memantine and Topiramate, with the biggest improvement with Topiramate. Unexpectedly, weight loss with Topiramate was not observed, with 2 of the 3 patients having increased weights. An independent samples Kruskal-Wallis test did not show a statistical difference between augmentation strategies for CGI score at start of therapy, CGI improvement scores or change in BMI over the study period. There were 3
discontinuations. Allopurinol was ineffective, one patient’s psychosis deteriorated with lamotrigine and another had a non-serious rash.

Conclusions
Pharmacological alternatives to the addition of D2 blockade are easily deliverable, can be evaluated simply and may be effective for some patients without adding to the side effect burden. The small sample size prevents strong conclusions being drawn.

88. Unlocking the genetic mysteries of autism: A bioinformatics approach.
Sertip Zangana, Institute of Integrative Biology, School of Health and Life Sciences, University of Liverpool, Olga Vasieva, Institute of Integrative Biology, School of Health and Life Sciences, University of Liverpool, Jerry Turnbull, Institute of Integrative Biology, School of Life Sciences, University of Liverpool

Aims and hypothesis
Heparan Sulphate proteoglycans play key roles in development of autism. Taking a bioinformatics approach, we have studied this role at the molecular and genetic levels.

Background
Building on work that has demonstrated autistic characteristics in mice lacking heparan sulphate proteoglycans, we have used bioinformatics tools to shed light on the networks of interactions and functional associations between protein-regulatory heparan sulphates and functionally related genes, as well as genes known to be linked to autism.

Methods
We retrieved 1080 mammalian heparan sulphate (and functionally related) genes in addition to 686 autism associated genes from the National Centre of Biotechnology Information and Ensembl databases collectively.

We analysed these genes using bioinformatics tools such as Genevestigator, GeneCards and Ingenuity Pathway Analysis bioinformatics analytical tool, forming networks of their known interactions.

Results
Our resulting networks demonstrate that heparan sulphate biosynthesis and functionally related genes share direct and indirect connections with autism associated genes.

At the subcellular level, they are widely dispersed from the extracellular space all the way to the nucleus.

Key heparan sulphates in the networks appear to fall into the syndecan and glypican families. They have wide ranging roles, such as support of transmembrane receptors and links with intra- and extra-cellular signalling networks.
Conclusions
Our bioinformatics analyses have enabled us to generate wide networks of interconnecting genes linked to autism. These networks help us visualise and analyse the functional relationships between genes known to be linked to autism.

Analysis of these networks so far has informed us on the likely roles of heparan sulphate proteoglycans in autism, including acting as supportive scaffold for multiple ligands that bind to transmembrane receptors.

Our future aim is to quantify the relationship between levels of expression of heparan sulphate coding genes and rates, onset and severity of autism in patient cohorts, with a view to identifying preventative and curative treatments.

ORALS

89. Suicide in students with mental illness, 1997-2010: a national clinical survey
Suhanthini Farrell

Aims and hypothesis
We aimed to examine the socio-demographic, clinical, and behavioural characteristics associated with university student suicide compared with non-student suicide in a mental health patient population. We hypothesised that students would be less likely to have enduring psychotic illness and more likely to have a short history of contact with mental health services.

Background
Entering Higher Education represents a transitional time in the life of many young people, and coincides with the typical age of onset of some serious mental illnesses. We believed awareness of the distinguishing characteristics of student suicide would assist clinicians in managing risk in this group.

Methods
Data collected by the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness for the period 1997 to 2010 for those aged 15-35 were analysed. Univariate and multivariate conditional logistic regression were carried out to identify factors independently associated with student suicide. Odds ratios were calculated with 95% confidence intervals.

Results
There were 243 student suicides in the clinical sample over the 14-year period. Students who died were significantly less likely to be male** or living alone**, and more likely to be from an ethnic minority**, than non-students. More students had affective disorders** or eating disorders**, while psychotic disorders** and substance misuse/dependence** were less likely. Psychological treatment was given to students more often** and medication prescribed substantially less frequently*, even accounting for diagnosis. Student suicides were characterised by shorter duration of illness**, shorter history of contact with mental health services**, and reduced
likelihood of previous admission**. Fewer students fell into a recognised “priority group” of the current UK suicide prevention strategy*: (* p<0.005, ** p<0.001).

Conclusions
Mentally ill students who die by suicide appear to be a clinically distinct group in regard to diagnosis, treatment, and illness history. Medical under-treatment of mental illness may be a particular feature of student suicides.

90. Diagnostic Delay in Bipolar Disorder
Rashmi Patel

Aims and hypothesis
To investigate factors associated with a delay to diagnosis of bipolar disorder in specialist mental health services.

Background
Bipolar disorder accounts for a significant burden of illness amongst affected individuals, their family and carers. However, its symptoms are often misrecognised. This may lead to a delay in diagnosis and access to effective treatment. In order to better understand the reasons why diagnosis may be delayed (and to identify opportunities to reduce this delay), a cohort study was performed to investigate factors associated with diagnostic delay following presentation to a specialist mental health service.

Methods
1,440 patients meeting the following criteria were selected from the SLaM (South London and Maudsley NHS Trust) BRC (Biomedical Research Council) Case Register:
(i) Age: 16–65 years
(ii) First referral to SLaM between 01/01/2007 and 31/05/2012
(iii) Subsequent diagnosis of bipolar disorder

The following predictor variables were analysed in a multivariable Cox regression analysis on time to diagnosis from the date of referral (the diagnostic delay): age, gender, ethnicity, Mental Health Act (MHA) status, employment status, accommodation status and other diagnoses prior to bipolar disorder.

Results
The median diagnostic delay was 64 days (interquartile range: 248 days). MHA detention was associated with a significantly reduced diagnostic delay (HR 0.42, 95% CI 0.36 – 0.51) while a prior diagnosis of alcohol misuse/dependence (HR 2.26, 95% CI 1.62 – 3.17) or substance misuse/dependence (HR 2.31, 95% CI 1.68 – 3.16) was associated with a significantly increased delay.

Conclusions
The increased delay associated with prior alcohol or substance misuse disorders may reflect misattribution of symptoms of underlying bipolar disorder. Conversely, the
reduced delay associated with MHA detention may relate to delayed presentation
with severe affective/psychotic symptoms. These findings highlight the need for
further research to develop and assess early intervention strategies to better identify
individuals with bipolar disorder and reduce delay to receiving treatment.

91. The impact of suicide bereavement on suicidal behaviour and social functioning: a
national survey of young adults
Alexandra Pitman

Aims and Hypothesis
To use a national sample to test the hypothesis that young adults bereaved by the
suicide of a close contact have an elevated risk of suicidal thoughts and suicide
attempts and poorer social functioning than those bereaved by other causes of
sudden death.

Background
Providing support to people bereaved by suicide has become a key priority in
suicide prevention strategies. Few studies have quantified the effects of suicide
bereavement on close contacts.

Methods
We sampled 635,000 staff and students at 37 UK HEIs in 2010. A mass email invited
adults who had experienced a sudden bereavement to complete an online survey
measuring suicidality and other outcomes. Inclusion criteria were current age 18-40,
and sudden bereavement of a close contact since the age of 10. Multiple
regression was used to compare: those bereaved by suicide, those bereaved by
accidental death, and those bereaved by sudden natural death. Adjustment was
made for potential confounding factors chosen a priori.

Results
Of 3,685 bereaved adults fulfilling inclusion criteria, 658 had been bereaved by
suicide, 761 by sudden accidental death, and 2,266 by sudden death due to natural
causes. Simple logistic regression showed a significant excess of suicidal ideation
(OR=1.25;1.03-1.51), suicide attempts (OR=1.77;1.26-2.48), and poor social
functioning (OR=1.39;1.14-1.70) in the group bereaved by suicide. These associations
were not significant in a fully-adjusted model. Unadjusted excess risks of suicide
attempt and poor social functioning were primarily explained by family history of
suicide.

Conclusions
The adjusted findings suggest that young adults who have experienced suicide
bereavement may be at increased risk of suicidal ideation, suicide attempts, and
poor social functioning, and that family history of suicide explains much of this excess
risk. Both factors define more closely young adults at risk of suicidal behaviour, for
whom support might be targeted when implementing UK suicide prevention strategy.

   Su Ling Young

   Aims
   To identify the prevalence and management strategies of seven clinically important categories of antipsychotic side effects, namely extra-pyramidal side-effects; weight gain; diabetes; metabolic syndrome, hyperprolactinaemia; sexual dysfunction; and cardiovascular.

   Background Review
   Antipsychotics are widely prescribed for schizophrenia and other mental disorders. Their adverse side effects are common, with a potential negative impact on adherence and engagement. However, the scientific study of the prevalence or management of adverse antipsychotic side effects is a neglected area.

   Method
   A systematic review was undertaken using pre-defined search criteria and three databases, with hand searching of citations and references. Inclusion was agreed on by two independent researchers on review of abstracts or full text. Quality analysis of included studies was conducted using pre-agreed criteria.

   Results
   55 studies were included, revealing the following trends: (1) Antipsychotic polypharmacy was associated with increasing side effects and longer duration of treatment with greater side effect severity (eg higher BMI). (2) 2 studies reported a higher rate of side effects with older (FGA) antipsychotics. Clozapine was more strongly associated with metabolic syndrome than other antipsychotics in 3 studies and Olanzapine was associated with the most weight gain in 3 studies. (3) Hyperprolactinaemia was more common in women than men (45-55% versus 17-27% respectively), but 40-60% men noted sexual dysfunction versus 25-50% women. (4) Despite guideline recommendations there is a low rate of baseline testing for lipids and glucose (<10% and ~20% respectively). (5) 7 studies described side effect management strategies, but only 2 examined efficacy or addressed weight gain/metabolic syndrome. One study found significant weight reduction with non-pharmacological group therapy, the other found a significant reduction in dyslipidaemia with statins.

   Conclusions
   Antipsychotic side effects are diverse and frequently experienced, but are not often systematically assessed. There is a need for further scientific studies concerning the management of these side-effects.