

Evaluation of Psychiatric Intensive Care Unit (PICU) Admissions in Comparison to NAPICU Guidelines on Admissions Criteria

Dr Francis Felix*

Kent and Medway NHS and Social Care Partnership Trust, Kent, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.370

Aims. Ward 1 at The Newsam Centre, Seacroft Hospital is a 12 bedded PICU facility for the city of Leeds, United Kingdom (UK). Our average length of stay was between 3 and 4 weeks. This project aimed to evaluate our admissions in comparison to the National Association of Psychiatric Intensive Care Units (NAPICU) guidelines on admission criteria and to describe the characteristics of our patient population. At the time of our evaluation, we operated without a specific admission criteria, and this was hypothesised to be a contributor to longer length of stay.

Methods. 297 patients admitted over a period of 2 years were identified and their characteristics including age, sex, ethnicity, housing area, general practitioner (GP) practice, mental health diagnosis, and length of stay tallied. These were compared with NAPICU guidelines on admission criteria and 2 patient groups (NAPICU and Non-NAPICU) were identified, analysed, and compared using Microsoft Excel pivot table. We compared their length of stay corrected for outliers using the z-score calculation. We also looked at significant differences between the groups and looked in greater detail for the profile of the Non-NAPICU group to understand the reasons for their admission, and consider their impact on our length of stay.

Results. We found that our mean length of stay was 25.9 (1 – 215) days. When the NAPICU admission criteria were applied onto the sample, 9 patients were excluded (Non-NAPICU group) resulting in a reduction of our mean length of stay to 20.5 (1 – 83) days. When the Non-NAPICU group were looked at separately, their mean length of stay was 66.22 (7 – 152) days. When the Non-NAPICU group was looked at in greater detail, 2 patients had 2 separate recurrent admissions; one of which had a primary diagnosis of Learning Disability while the other had no clear Psychotic nor Depressive Disorder, and was complicated by Personality Disorder and criminality. 2/9 patients were detained using the forensic section 37/41. In addition, 2/9 patients were from the elderly population and 1/9 was from the younger population. There were no major differences in gender, ethnicity or age distribution.

Conclusion. Our evaluation suggested the potential reduction of our mean length of stay from 25.9 days to 20.5 days when the NAPICU admissions criteria were applied. We recommended a careful implementation of an admissions criteria for Ward 1 at The Newsam Centre PICU.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Understanding the Length of Stay (LOS) in Mental Health Acute Wards for Patients of the Joint Homelessness Team vs Other Westminster Patients

Dr Sutapa Gesell* and Dr Hugh Hall

Central and North West London NHS Foundation Trust, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.371

Aims. The Joint Homelessness Team (JHT) is a specialist mental health service for rough sleepers in Westminster. Patients have many years of declining mental health, leading to a downward social decline, resulting in homelessness. There is a concern that mental health patients are discharged prematurely due to bed pressures. This means treatment may not be optimised, with social issues and risks remaining. Serious mental illness (SMI) is associated with reduced life expectancy and high morbidity. Thus, homelessness and SMI are a double-hit of risks for people. For JHT patients, there are many barriers to admission, including coordinating complex street or S135(1) assessments and police availability; some cases have taken months or years to plan. If patients remain sub-optimally treated at discharge, there's a high risk they abandon accommodation and return to rough-sleeping; leading to further lost years of illness and homelessness.

Methods. This was a retrospective analysis. Via SystemOne, we identified all JHT admissions in 2021 and their LOS. Data were collected, including demographics, mode of admission, discharge destination and whereabouts at three months (as a secondary endpoint). LOS figures were gathered for other Westminster patients from general adult wards for 2021.

Results. There were 57 JHT admissions in 2021. 1 patient was excluded as still admitted. 22 patients were already care-coordinated by JHT and admitted for relapses; for the remainder it was a first admission.

For Westminster patients, there was a low variation throughout the year in number of monthly admissions and LOS; monthly average LOS range was 30-38 days. For JHT, there was higher variability for number of admissions and LOS with no seasonal pattern; monthly average LOS ranged from 4-95 days.

At three months, 22 (39%) patients were not housed in the community. Of these: 3 were discharged to the streets; 9 became street homeless; 3 were discharged to 'Stepdown' and went AWOL soon after; 5 patients were readmitted; 2 patients their location was unknown. 28 (50%) were housed in homeless hostels.

The data were presented at a borough-wide academic meeting. **Conclusion.** While the dataset is small, the LOS for JHT was inconsistent, reflecting the variability of the cohort. This may need further exploration.

With 39% of admissions having unsatisfactory endpoints, this suggests that many patients were not well enough to work collaboratively out in the community. There was a consistent pattern of shorter admissions leading to poorer endpoints at three months.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Keeping the Door Open: The Function of the Supported Employment Programme During the First Year of COVID-19 Pandemic

Dr David Gutnisky^{1,2*}, Licenciate Maria Soledad Ortega¹, Dr Horacio Rodriguez O'Connor¹ and Licenciate Sandra Garcia Taboada¹

¹General Directorate of Mental Health, Autonomous City of Buenos Aires, Argentina and ²Universidad de Buenos Aires, Autonomous City of Buenos Aires, Argentina

*Corresponding author.

doi: 10.1192/bjo.2023.372

Aims. The Supported Employment Programme of the General Directorate of Mental Health of the Autonomous City of Buenos Aires has been running for the last five years. Its purpose