Characteristics and outcome indicators in a specialist inpatient intellectual disability unit: an independent sector experience

Mike Apio*, Witold Skalbania, Muhammad Aamer Khan and Bolanle Lotsu

Eldertree Lodge, The Huntercombe, Ashley
*Corresponding author.

doi: 10.1192/bjo.2021.816

Aims. To elucidate critical elements for effective outcomes in patients with complex and challenging behaviours admitted to specialist inpatient 'locked rehabilitation' intellectual disability unit (LRU).
Background. People with intellectual disability of varying severity with or without associated mental disorder are at risk of deterioration presenting with problem behaviours at critical times of transition. In the context of their pre-set neurocognitive deficits, protective factors during early development include a robust psychosocial 'parenting' environment that optimises their strengths through nurturing and embedding a positive mind-set. Such environment is critical for the development of resilience as against reliance on external factors with high likelihood of change. The effect of early exposure to prenatal and or postnatal childhood adversities is a common denominator. The experience of abuse; from deprivation and neglect to physical violence and indeed sexual trauma predisposes to further perturbation and kindling effect on risks for early and later onset affective disorders. Specialist ID services become critical to the resetting of a distorted premorbid neuronal circuitry. A biopsychosocial approach to recreating a stable base and environmental enrichment may offer opportunities for enhancing neurocognitive remediation and enhance prosocial skills. Indicators for better outcomes may offer scope for focused intervention. This review highlights extent patients progress (response to treatment and symptom remission), length of Stay and discharge pathway could be predicated on their engagement with offered structured therapeutic activities.
Method. Using a mixed model approach, 12-months data regarding patient characteristics, elements from HoNOs LD, with patient's self-reported experience and utilization of therapy, progress of patients in the service were reviewed to elucidate factors that may predict improved outcomes..
Result. Of 48 patients, 18 females and 30 males identified in the 12-months from January 2019, 7 females were discharged/transferred with one stepped up to LSU and another side-moved to a LRU. 6 have identified places and 5 require ongoing care. Of the males, 8 were discharged and 5 have identified placements. 16 inpatients with support completed questionnaires (10 males, 6 females). Majority identified structured therapeutic activities as helpful in their progress. Data for length of stay ranged from 12 to over 120 months with a mean of 31 months ignoring potential discharges.
Conclusion. Findings suggest patients able to engage in structured therapeutic activities in conjunction with concordance to treatment are more likely to progress earlier in their care.

A new service model in East Lothian community learning disability team: evaluation of service with and without specialist positive behaviour support team

Saima Asif[1]* and Andrew McKechanie[2]

[1]ST5, NHS Lothian Learning Disability Service and [2]Consultant Psychiatrist, NHS Lothian Learning Disability Service
*Corresponding author.

doi: 10.1192/bjo.2021.817

Aims. To evaluate the provision of services to patients with challenging behaviour in East Lothian Community Learning Disability population with and without specialist behaviour support team.
Background. Behaviour that proves to be a challenge to manage (Challenging behaviour) is not uncommon in adults with intellectual disability and has a reported prevalence of 10–15%.1,2

Positive behaviour support (PBS) is recommended as evidence-based intervention for adults with intellectual disability who have challenging behaviour. East Lothian community learning disability team (CLDT) underwent a change in service model for people with challenging behaviour. This change followed a Health and Social care partnership agreement that behaviour support and management could be provided by multidisciplinary CLDT rather than region-wide specialist team.
Method. Data collection was split into two cycles. First cycle looked retrospectively at six months prior to exit of Specialist Positive Behaviour Support Team (SPBST). Second cycle looked prospectively at 6 months after exit of SPBST.

In first cycle, data were collected doing retrospective review of cases known and referred to SPBST. This included calculating time spent on each individual case by SPBST and by CLDT. SPBST provided information in the form of hours spent on each individual case for patients identified by them. For CLDT, electronic medical records system (TRAK) was used by looking at appointment entries on TRAK. For second cycle, newly developed Complex Behaviour pathway was used to identify the patients. Data were collected by using TRAK system as in the first cycle for CLDT.

Data collected in both cycles was compared at the end of second cycle.
Result. In first cycle, 5 patients were managed jointly by SPBST and CLDT in 96.4 hours over six months and average clinical time spent on each patient was 19 hours. SPBST spent a total of 59 hours and CLDT spent 40 clinical hours. In second cycle, 12 patients were managed by CLDT alone in 130 hours over six months and average clinical time spent on each patient was nearly 11 hours.
Conclusion. Results of this evaluation suggest that SPBST had been providing significant contribution to East Lothian CLDT not only with their expertise but also with clinical time. More than 50 % of total clinical time spent on the patients with challenging behaviour in first cycle, was provided by SPBST. This is also evidenced in second cycle where there is an increase in clinical time of some professions when SPBST was withdrawn.

The use of benzodiazepines and Z-drugs in the Acute Psychiatric Unit at Cavan General Hospital

Salah Ateem[1]* and Rachael Cullivan[2]

[1]St. Davnet's Hospital and [2]Cavan General Hospital
*Corresponding author.

doi: 10.1192/bjo.2021.818

Aims. Benzodiazepines and Z-drugs are used frequently in acute psychiatric wards, however long-term administration can result in undesirable consequences. Guidelines recommend prescription of the lowest effective dose for the shortest period and if possible to prescribe "as required" rather than regularly. The 25-beded inpatient unit at Cavan General Hospital admits adult patients requiring acute care from the counties of Cavan and Monaghan. Admissions are accepted from four community mental health teams, two psychiatry of old age teams and the rehabilitation and mental health of intellectual disability teams. In order to evaluate

the potential to improve our practice of prescribing benzodiazepine and Z-drugs, it was decided to evaluate current use.
Method. The NICE guidelines were consulted, and we retrospectively reviewed the use of these agents from mid-January to the end of May 2020. Demographic variables included age, gender, and county. Patients were stratified into three groups, the benzodiazepine group, the Z-drugs group, and the combined benzodiazepine and Z-drugs group. In each group therapeutic variables were recorded including the medication type, dose, frequency, prescriber, and duration of treatment. Other variables included psychiatric diagnoses, length of inpatient admission, status on admission, and recommendations on discharge
Result. There were 101admissions during that period, and 74 of them were prescribed these agents (n = 74; 73.3%). Fifty one (n = 51; 68.9%) received benzodiazepines only, twenty-three (n = 23; 31.1%) were prescribed Z-drugs, and twelve (n = 12; 16.2%) received both benzodiazepines and Z-drugs. Forty two patients (n = 42; 56.8%) were commenced on hypnotics in the APU, 23 patients (n = 23; 31.1%) already received hypnotics from the CMHTs, and the rest were prescribed by both. Thirty two patients (n = 32; 43.2%) were discharged on hypnotics. Patients admitted involuntarily and female patients had longer admissions (mean of 16.62 ± 3.26 days and 16.16 ± 2.89 days respectively). Schizophrenia and BPAD were the commonest diagnoses.
Conclusion. It appears that large amounts of these agents are used in the Acute Hospital Setting which is not overly surprising given the severity of illness and clinical indications however improved awareness could still lead to more appropriate and hopefully reduced use. We therefore recommend:

A formal audit including appropriate interventions i.e., educate staff and patients, highlight guidelines, and review subsequent practice.

Train staff in safer prescribing practices including prn rather than regular use if appropriate.

Regularly review discharge prescriptions indicating recommended duration of use.

Root causes of deaths by suicide amongst patients under the care of a mental health trust: a thematic analysis

Dhruba Bagchi[1]*, Kerry Webb[2] and Opeyemi Odejimi[2]

[1]Birmingham Community Healthcare NHS Foundation Trust and [2]Birmingham and Solihull Mental Health NHS Foundation Trust
*Corresponding author.

doi: 10.1192/bjo.2021.819

Aims. This study explores common themes emerging from root causes of Serious Incident (SI) reports of mental health service users who died by suicide under the care of a mental health trust.
Background. Suicide is a global health problem. It is estimated every year about 800,000 people die by suicide worldwide. Previously, the United Kingdom (UK) reported a significant reduction. However, the latest report in 2018 indicated a marked increase. Furthermore, 28% of people who died by suicide in the UK were under the care of mental health service 12 months prior to their death. The causes of suicide are not usually straightforward, but sometimes could be preventable. Thus exploring the root causes is a step in the right direction to preventing this global problem.
Method. Thematic analysis was carried to identify themes emerging from the Root Causes (RCs) within the Serious Incident (SI) reports of patients who died by suicide while under the care of the Trust between January 1st, 2017 and July 31st, 2018. Over the 18 month period, there were 71 deaths, of which 36 were ruled as suicide by the coroner. A further 16 were considered by the review team as possible suicide and were therefore included to increase the scope of learning. This review is therefore based on 48 cases.
Result. Three main themes emerged from this study. They are patient, professional and organisational factors. Majority of the death were patient related factors, particularly exacerbation of patient's mental health condition. Furthermore, the most frequently occurring professional and organisational factor were issues around patient risk assessment and management and inadequate psychiatric bed respectively.
Conclusion. The findings of this study have helped gained an understanding of the perceived causes of death of patient who died by suicide. It is hoped that this will in turn influence the manner in which, decisions, policies and resource allocation are carried out to further prevent and reduce the incidence of suicide, particularly amongst mental health patients.

Pharmacological treatment of post-traumatic stress disorder- an audit of Cardiff Health access practice using a pharmacological prescribing algorithm

Amy Baker* and Jonathan Bisson

Cardiff University
*Corresponding author.

doi: 10.1192/bjo.2021.820

Background. Post-Traumatic Stress Disorder (PTSD) is a mental health disorder characterised by symptoms of re-experiencing, avoidance and hyperarousal that may develop after exposure to a traumatising event. The prevalence of PTSD within the refugee population is ten times higher than in the general population. This audit was carried out in Cardiff Health Access Practice (CHAP) which is the main provider of primary health care for refugees and asylum seekers who are sent to Cardiff. The main objective of this audit was to evaluate current PTSD prescribing practice for patients presenting to Cardiff Health Access Practice (CHAP) against a pharmacological prescribing algorithm which has been developed for the Cardiff and Vale Traumatic Stress Service based on NICE and International Society for Traumatic Stress Studies guidelines
Method. A retrospective audit of patients with PTSD seen in the last 12 months at CHAP. Data were collected from patient notes and information on age, sex, trauma, comorbidities and medication dose was collated and analysed using SPSS statistics.
Result. 130 patients with PTSD were identified and their medications assessed for the audit. The mean age of these patients was 33 years and there was a 1.5:1 male to female ratio. Of the 130 patients only 10 were initiated on a first line medication, 117 were started on a fourth line medication. No patients were prescribed either the second- or third-line medications.
Conclusion. The low rates of compliance with the All Wales Pharmacological PTSD pharmacological prescribing algorithm are disappointing although not unexpected as it has yet to be fully introduced to the service. Following discussion of the results and teaching about the algorithm with clinicians in Cardiff Health Access Practice rates of evidence-based prescribing should improve. This audit focuses on a patient group (refugee and asylum seekers) which has been identified as a priority group by the Welsh Government. Through further implementation of this algorithm there should be improved evidence-based prescribing and continuity of care for refugees