

Aims. To determine compliance with the new discharge policy of review within 7-days for all General Adult Psychiatry patients discharged from Forth Valley Royal Hospital.

Background. It is well established that there is an increased risk of suicide following discharge from Inpatient Psychiatric Wards. This risk is significantly increased in the first month, and particularly high in the first week.

In their 2016 Guidance, NICE recommends follow-up within 7 days of discharge. It is not known whether seven day follow-up reduces suicide risk but it is clearly an opportunity for risk assessment and management during a particularly risky period.

This standard was adopted by the General Adult Wards in Mental Health Unit at Forth Valley Royal Hospital in April 2019. **Method.** All discharges from Wards 1, 2 and 3, Forth Valley Royal Hospital were reviewed during three distinct, month-long periods:

November 2018 (prior to the introduction of the new discharge policy)

May 2019 (shortly after the introduction of the new discharge policy)

September 2019 (six months after the introduction of the new discharge policy)

A list was obtained from Medical Records of all General Adult patients discharged in these periods. The paper and electronic records were checked for each patient, and the first scheduled care episode post discharge was taken as follow-up.

Result. In the 1st round of audit (November 2018): 41 patients were discharged and 26 patients (64%) received follow-up within 7 days.

In the 2nd round of audit (May 2019): 46 patients were discharged, 39 patients (84%) received follow-up within 7 days.

In the 3rd round of the audit (September 2019), 50 patients were discharged and 49 (98%) received follow-up within 7 days.

Conclusion. There has been a clear improvement in the provision of follow-up on discharge from the General Adult Psychiatry Wards in Forth Valley Royal Hospital.

The new discharge policy was implemented in April 2019 and a "Discharge Pause" was introduced (initially a sticker, now an electronic form) to be completed by the medical team at the point when it was decided to discharge.

Community Mental Health Teams have also been reminded of their need to facilitate seven day follow-up as a priority. A flow-chart was produced in May 2019, which provided guidance as to who should provide the seven day follow-up.

Professional training and case-load mix within a community mental health team

Richard Walsh^{1*}, Rebecca Fahy², Ala Abdelgadir³, Elizabeth Walsh³ and Sonn Patel³

¹School of Medicine, University College Dublin; ²Semmelweis University and ³Galway University Hospital

*Corresponding author.

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Aims. Community Mental Health Teams (CMHTs) are now the cornerstone of modern mental health care and play a central role in assessment, diagnosis and care coordination. CMHTs vary widely in their service provision and composition. Within teams there is latitude for variation of professional roles but the extent to which different disciplines undertake generic and profession-specific work is poorly defined. This cross-sectional study aims to establish how professional training influences the distribution of case-load mix within a general adult CMHT

Method. The GR1 CMHT provides care to a mixed urban/rural population of 25,000 in Galway city and Connemara. A review was conducted of multi-disciplinary case notes for all patients actively registered with the team for a period of one year. Name, age, gender, whether referred or admitted in the past year, medication and day hospital attendance were recorded. Clinical diagnoses were recorded but, where missing, verified with a relevant team member. The team consultant reviewed and verified the ICD-10 primary clinical diagnosis for all patients. Evidence of clinical input by multidisciplinary team members was recorded from clinical files with the final electronic database being checked by each professional for accuracy. We examined any input over the past year rather than

frequency of input. Patient characteristics and diagnosis by professional discipline were examined using descriptive statistics.

Result. Of a total of 246 patients registered to the team, 37.8% (N = 93) saw one, 34.6% (N = 85) saw two and 24.4% (N = 60) saw 3 or more team members. Of those who saw three or more team members, psychotic disorders represented the majority diagnoses (40%, N = 24) followed by personality disorders (25%, N = 15) and affective disorders (15%, N = 9). Patients were most commonly seen by a doctor (91.5%, N = 225) followed by community mental health nurses (CMHNs) (52.8%, N = 130). Doctors saw 85% or more of all patients grouped by ICD-10 diagnoses. The majority of social work and occupational therapy case-mix comprised psychotic disorders (SW = 44.2%, OT = 34.2%) followed by personality disorders (SW = 25.6%, OT = 23.7%). Of psychology case-mix, the highest was personality

disorders at 41.6% (N = 13) followed by anxiety and related disorders at 25% (N = 8). CMHN case-mix was highest for psychotic disorders at 44.6% (N = 58) followed by 21.5% mood disorders (N = 28).

Conclusion. This cross sectional survey informs how we currently target our specialist resources. We will now develop this to include frequency of contact to inform resource allocation and skill mix.

Mental health clothing bank - addressing the issue

Louisa Ward

Worcestershire health and care NHS trust

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Aims. We often have patients who are admitted to the ward wearing only the clothes they came in. These patients have no way of going to get more clothes due to being detained, poverty/ homelessness or covid restrictions. Many do not have friends or family who can bring them clothes. As such they might wear one set of clothes for a number of weeks which is bad for their physical and mental health. We are creating a clothes bank to provide a change of clothes for these patients, and help their recovery back into the community. Many have clothes that are inappropriate for the current weather, or do not have a set of smart enough clothes for a job interview. We feel that this simple intervention will have a big community impact.

Method. We have obtained support from a number of charities and companies to supply donations. The project will be led by a team of staff and patients.

Result. We will review the usage of this scheme in 6 months time

Conclusion. We hope this intervention will tackle the issue of clothing on mental health wards. In the future we wish to expand this to outpatient mental health service users. We would then like to expand this project countrywide as are unaware of any other areas providing something similar.