There was a significant difference between gender regarding age (males: mean 43.91 years, SD 18.88; females: mean 52.48 years, SD: 15.9), being the males who used the phoneline younger (t:23.75; p <0.000). 54.2 % of the users lived with a significant other. Crisis resolution represented 12.6 % of the sample, request for information 34.4%, psychosocial interventions 47.6% and, reconnection with former Mental Health Team 4.3%. New referrals for treatment were 2.9% of the total calls. Two main negative affects the74.2% of the total affect reported. Anxiety-Fear accounts for 49.3% of reported feelings and depression a 24.9 %.
Conclusion.

Coping with and management of COVID-19 restrictions within the secure and forensic inpatient setting - a patients' and carers' perspective

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Aims. To seek patients' feedback on their wellbeing and the service adaptations during the COVID-19 pandemic

To obtain carers' views on service adaptations during the COVID-19 pandemic.

To establish impact on patients' wellbeing and progress in the context of COVID-19

Background. The COVID-19 pandemic resulted in unprecedented challenges faced by healthcare systems worldwide. Public Health England (PHE) provided guidance to manage the spread of the virus. In response to the national lockdown, the Forensic Healthcare Service part of Sussex Partnership NHS Foundation Trust (SPFT) took measures that were considered necessary to prevent the risk of spread to patients and staff.

Restrictions necessary to contain the virus included immediate suspension of all patients leave except emergency leave, suspension of visits by family members and professionals including legal visits and restrictions on multidisciplinary (MDT) members physically present on the wards. It was necessary to adapt our existing model of care to reflect and represent the challenges faced by such restrictions.

A service evaluation project was undertaken to ascertain the patients' and carers' perspectives of the management of restrictions.

Method. Standards

It is noteworthy that no service standards in the context of this unique global pandemic were available internationally, nationally or regionally at the time of undertaking the project.

Methodology / Data collection

An anonymous patient feedback questionnaire was developed to collect data on voluntary basis from all the inpatients within the secure and forensic CDS. Patients' feedback was broadly divided in to three sections 1) personal factors, 2) satisfaction with access to information and 3) satisfaction with services to include mental and physical well-being.

Patients' feedback was collected during a 6-week period. For observation purposes, risk comparison anonymous data were also collected. Informal Carers' feedback was collected with regard to virtual visits.

Result. During the data collection period 99 out of 105 beds were occupied. The response rate was 49% (49 responders).

Overall 73% of responders expressed that their mental health was affected. Approximately 51% of responders expressed that progress towards their discharge was very much affected. 91% of responders were not coping well with the new circumstances

Overall, carers' feedback was positive in regard to provision of virtual visits.

Conclusion. Our survey has shown that the necessary COVID-19 pandemic restrictions have in some domains resulted in a negative impact on patients' mental wellbeing and progression. However, it also identifies positive areas of new practice, which have been maintained by the service.

Reviewing suitability of Essex Partnership University Foundation NHS Trust out of area locked rehab placements

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Aims. To look at 14 EPUT out of area patient profiles, map their journey to the current locked rehab placements -To review the appropriateness of placement of 14 patients through reviewing whether the care provided is achieving the rehabilitation goals.

To look at patients' needs and whether the local alternatives can provide the care

Background. Rehabilitation services aim to help complex General Adult Mental health patients reintegrate in the community by promoting independent living skills. Some complex mental health patient's care needs mandate a specialist rehabilitation services. Currently there has been a nationwide shortage of local rehabilitation services. This resulted in placing complex needs patients out of area in locked rehabilitation hospitals and miles away from their local community connections. Families and local community team providers travel miles to keep in contact with their complex need persons. The NHS five year plan includes minimizing the current out of area placements and for local services to work together as per CQC recommendations to work together and bring those individuals closer to home.

Method. We designed a tool and examined the electronic records for all 14 out of area placed patient profiles, mapping their clinical journey and reviewing whether the care provided is achieving the rehabilitation goals.

Result. (N = 14), Patient profiles: 78.5% had residual symptoms (Psychotic symptoms 85%). Patient's Illness profile; treatment resistant with residual symptoms in 71.4% and 7% had comorbid illicit substance misuse, other illness profiles 21.4%. History of alcohol and illicit drug misuse was present in 78.5% and 45% of them were using illicit substances more than 5 years. .patients' risk profile revealed 86.7% had history of non-compliance. Attempted suicide 21.4% has attempted suicide at list once in which 1/3 of them had more than one attempt. 64.3% Had positive history of offending behavior. All patients in the sample had history of violence 85.7% had risk of vulnerability and self-neglect, 28.5% has history of carrying weapons, 35.7 had a previous Custodial sentence. Average Duration of illness average 16.7 years, average distance from home was 149 miles though clozapine was considered in 92.8% only 35.7% of sample was on clozapine, and the other 64.3% were on combinations. Only 35.7% were on depot.

Conclusion. There is a need for expert input for advice regarding complex Management of residual symptoms and rehabilitation needs in the community. Health and social care joint working is needed.

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

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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

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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

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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

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