such as time the task was created, related ward, sender, type of task, amount of medications per task and minutes taken to complete.

Results. During the first ten-day cycle of data collection, we found that collectively we spent 21.5 hours completing medication related tasks. 10 hours were spent ordering medications, seven of which were ordering ward stock. Tasks involving completely re-prescribing the medication for the action to be completed took 12.6 hours. The data showed that 42% of tasks were completed on Mondays.

Following cycle one we discussed the data with the AMHU pharmacy team, ward managers and consultants. Subsequent alterations were made to the stocklists for the wards, ward timings were aligned and a collective tasks system created to reduce duplication of tasks.

During the second cycle of data, in total 16 hours were spent on medication tasks. There was a total of 7.45 hours spent ordering medications, 3.35 hours were ordering ward stock. Re-prescribing tasks took 9.7 hours.

Conclusion. From the results of the second cycle of data we can see the recommendations from cycle one have been effective in reducing the amount of time spent ordering medications by 25.8%. This highlights the importance of regularly updating the stocklists and utilising MDT working to maximise efficiency. We also confirmed that Monday was the heaviest day for tasks, which should be considered for staffing. As 46% of overall time was still spent ordering medications, we presented this data at the medicines management committee. Following this, recommendations have been taken to SystmOne for IT system alterations to improve efficiency of the system and allow junior/trainee doctors to focus more time on the clinical care of patients and learning.

Sustainable Prescribing in Secure Services – a Quality Improvement Initiative

Dr Catherine Weeks* and Dr Toral Thomas

Norfolk & Suffolk NHS Foundation Trust, Norwich, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.347

Aims. In 2021 The Department of Health published a report into the safer use of medicines in health and justice mental health services, advocating sustainable prescribing as a way of improving patient care and reducing carbon emissions. Improving prescribing behaviour could lead to a reduction of 170,000 kg CO2e per year across England, along with cost savings which contribute to higher value service provision and improved service user experience. We aim to evaluate and improve the prescribing of antipsychotic depot and 'as required' (PRN) medication in a male secure unit.

Methods. Baseline data were gathered from the patient population in a male secure unit (1 low and 2 medium secure wards, total 50 beds) in December 2021. This included the number of patients prescribed a depot, the type of depot prescribed and whether or not these were administered at the longest evidence-based interval. As part of a wider trust initiative "prn" medication was moved to a fortnightly review cycle to ensure medication was used for as short a duration as necessary. Over a six-week period medication rationale was analysed and discussed with the Responsible Clinician for the service user to optimise prescribing. Data collected following this intervention was compared with baseline results.

Results. The project found that 26 patients in the service were prescribed an antipsychotic depot in December 2021. In this group 17 (65%) were prescribed their medication at the longest evidence-based interval. Of the 9 (35%) that were not, 5 had clinical reasons why a change would not be appropriate at present, however it was agreed this could be considered later in their pathway. Of the remaining service users, two had their dose of medication reduced and their prescribing interval increased. "As needed" (PRN) medications of 15 patients were evaluated; 9 (60%) had medications prescribed which were not in use (4 patients had 3 or more prescribed not used within 2 weeks). Following intervention this reduced to 2 patients, both of which had only 1 PRN medication which required review.

Conclusion. Deprescribing can have a significant impact on patient care and safety and can reduce the environmental impact of a service. This project demonstrated the advantages gained from regular medication reviews and taking into consideration dose and administration interval when prescribing antipsychotic depots. Using protocols for prescribing as needed medications, a structure for reviewing prescriptions, collaboration with patients and utilising patient group directions where appropriate can all aid in improving prescribing sustainability.

Open Mental Health: A Mental Health Eco System Developed in Collaboration With Communities

Ms Jane Yeandle*, Dr Sarah Oke and Dr Andreas Papadopoulos

Somerset NHS Foundation Trust, Somerset, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.348

Aims. Somerset drew upon the Community Mental Health (MH) Service Framework, and local experience and recognised that too often service user experience of mental health was beset with artificial barriers, gateways and eligibility with people sometimes needing to deteriorate before they got the vital support they needed. In addition, we recognised that the gap between secondary care and primary care was experienced by service users as a "cliff edge". The radical redesign of mental offers in Somerset aimed to deliver an experience of "no wrong door" and where, via a partnership between health, social care and Voluntary, Community and Social Enterprise (VCSE), people's needs could be met; both in terms of specific mental health offers as well as tackling the wider determinants of mental ill health.

Methods. OMH was launched early 2019, just before the pandemic, and so traditional project methodology did not always apply. Instead all partners focused on standing up the offer at pace in order to support the population within Somerset with the emotional and psychological consequences of the pandemic, and any pre existing challenges. The model was co-produced with Experts by Experience significantly contributing to the shape of the offers.

The model developed comprised of two key facets:

- A mental health offer, where the needs of individuals, families and carers are met by a range of health, social care and VCSE partners (including the wider determinants of mental well being such as finance / housing)
- A mental health eco system developed in collaboration with communities (including underserved communities), where support is available throughout geographical communities and communities of identity.

Results. The project has delivered both quantitively and qualitatively. Over 4100 additional appointments are offered to people in Somerset per month and reported outcomes and evaluation has been very positive. Work is underway to collate further Patient Related Outcome Measures. Following a Realist

Evaluation methodology, the researcher in residence has highlighted the culture changes that are key to delivering the aspirations of the Community MH Service framework. These include; the narrative of "no wrong door", an increased and open range of offers and interventions, blended staffing models across traditional organisational boundaries, partnership working, the role of lived experience and the ambition of addressing inequalities.

Conclusion. OMH, the product of Community MH Transformation in Somerset, is a radical and co produced redesign of MH services in partnership with the VCSE and Local Authority that has improved access and support to all people in Somerset.

Prevalence and Correlates of Benzodiazepines' Prescriptions in an Inpatient Setting

Dr Nada Zahreddine*, Dr Rahna Theruvath Chalil and Dr Sohail Abrar

Norfolk and Suffolk NHS Foundation Trust, Ipswich, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.349

Aims. The National Institute for Health and Care Excellence guidelines state that benzodiazepines (BZD) should not be taken for longer than four weeks. However, there are no recommendations specifically addressing the use and misuse of BZD in inpatient settings and their prescription at discharge. A recent study (Panes et al., 2020) recommended aiming for BZD' total withdrawal or, at least, dose reduction at discharge to reduce the risk of misuse in the community which can lead to dependence and serious side effects. Our study aimed to 1. describe BZD' prescriptions on an acute female ward, before admission, during admission, at the time of discharge and at four and eight weeks post-discharge, 2. identify potential sociodemographic, clinical and therapeutic correlates/predictors of BZD' prescriptions, 3. develop a strategy to reduce BZD' prescriptions or, at least, to reduce the dose of BZD prescribed at discharge.

Methods. Data collection was done retrospectively through electronic medical and prescribing records and included admissions to Avocet Ward, between May and October 2021. Variables collected were age, ethnicity, length of stay, Mental Health Act status, diagnosis, comorbid drugs or alcohol misuse, Home Treatment Team involvement at discharge, community teams, prescriptions of regular and Pro Re Nata BZD and "z-drugs" prior to admission, during admission, at discharge, and at 4 weeks and 8 weeks post-discharge, maximum dose of regular BZD during admission and the dose at discharge.

Results. Among the 59 admissions included, 25.4% had BZD before admission, 81.4% during admission (with a mean maximum dose of regular BZD of 38.8 mg (SD = 17.3) of diazepam equivalent), 50.8% at discharge (with a mean dose of 28.5 mg (SD = 18.5) of regular BZD), 35.6% 4 weeks post-discharge and 27.1% 8 weeks post-discharge. The odds of having regular BZD during admission were 7.4 times more likely for those on regular BZD before admission after controlling for other variables (95% CI: 1.1, 50). The maximum dose of regular BZD during admission was positively correlated with the dose of regular BZD at discharge ($r(15) = .67$, $p < .01$). Among the regular BZD prescribed during admission ($N = 23$), 26.1% were fully discontinued by the time of discharge and 43.5% were titrated down, while 30.4% remained at the same maximum dose prescribed during admission.

Conclusion. BZD prescriptions are common at discharge from inpatient settings and can be associated with BZD misuse in the community. We suggest strategies to avoid this issue.

Case Study

Ekbom Syndrome: A Case Report

Mrs Nadine Absy*, Mrs Nur Saleh and Dr Dima Al Sharman

Jordan University of Science and Technology, Irbid, Jordan
*Presenting author.

doi: 10.1192/bjo.2022.350

Aims. Ekbom's syndrome (ES), also called delusional parasitosis, is a condition where the patient has an unshakable belief and a perception of being infested with parasites. ES is thought to mainly affect postmenopausal females and because patients are usually mono-symptomatic, they usually seek care from dermatologists. It is advocated to form a liaison between dermatology and psychiatry to ensure a full range of differential diagnoses, in order to form the most suitable management plan.

Methods. Case report

Results. An 87-year-old widow was referred to the outpatient psychiatric clinic of King Abdullah University Hospital by a dermatologist because of generalized chronic pruritus that she believes is caused by a bug infestation. The symptoms started one year prior to presentation (soon after an ischemic stroke) with the perception that macroscopic parasites were crawling over her body, biting her face, head, and hands, and entering her eyes. She tried various strategies to eradicate the parasites with no benefit. Psychiatric examination findings included hypochondriac delusional ideas and dysphoria. When her general medical condition and her medications were reviewed, it was found that she had been diagnosed with hypertension and ischemic heart disease. She was taking antihypertensive drugs and blood thinners. After haloperidol 5 mg daily was added, she had a progressive clinical improvement.

Conclusion. ES is a neuropsychiatric syndrome that can follow primary psychotic or depressive disorders, dementia, or other organic diseases. Consultation-liaison by psychiatrists and dermatologists will be useful to assure timely referral. Better awareness of such an illness by general physicians, early recognition, good rapport, and empathic treatment are the cornerstones of management in such cases.

Case Study on an Ethical Dilemma

Dr Anusha Akella* and Dr Kyaw Moe

Cheshire and Wirral Partnership NHS Foundation Trust, Wirral /Chester, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.351

Aims. Mr AB is a 58-year-old male with diagnosis of Schizoid Personality disorder. An articulate and intelligent man, AB derived happiness and contentment from his work. Due to workplace conflicts, he was asked to resign several years ago and has not worked since. Mr AB then found a sense of purpose in life by looking after his elderly parents. His parents sadly died a few years ago and since then he has been living on his own. He has never married. AB has one brother who helps him with shopping and groceries. Prior to this admission, AB was admitted once a few years ago when he was diagnosed with Depressive Disorder.