NICE/BMS guidance, the current evidence base and local referral/funding pathways. This was piloted on health care professionals in primary and secondary care before review by BMS Council Members. A link to the survey was distributed via email to members of the BMS on one occasion.
Results. 139 responses were received from menopause specialists across the 15 UK Deaneries. 71% worked in primary care and 29% in secondary care. 65% of clinicians offer CBT for mood symptoms but 99% reported suboptimal provision of this intervention. 43% of respondents reported over half of their patients with mood symptoms would benefit from psychological support, however 80% do not have a designated mental health wellbeing practitioner. 35% of specialists have referred complex patients to secondary mental health services. When asked what mental health resources would be most beneficial for their patients, 83% desired improved access to CBT, 65% psychological support attached to all menopause clinics, 53% guidance on managing mood symptoms in menopause and 39% an MDT clinic.
Conclusion. The data suggests that complex mood disorders are common in women presenting to menopause services and require non-hormonal interventions to support benefits seen with HRT. The results suggest poor provision of psychological interventions, particularly talking therapies, for women experiencing mood disorders as part of their menopause. Improved cross-specialty working and training, and improved access to CBT were identified as methods of addressing this. Locally, these results have formed the basis of a service funding bid for CBT and development of a pilot cross-speciality gynaecology/psychiatry MDT Hub.

Service Evaluation of Diagnostic Evolution in Psychiatric Patients at Benazir Bhutto Hospital: Comparing OPD and ER Admissions

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Aims. This project evaluated the accuracy and evolution of psychiatric diagnoses in patients admitted through the Outpatient Department (OPD) and Emergency Room (ER) at Benazir Bhutto Hospital. It aimed to understand the factors contributing to diagnostic changes, especially the impact of comorbid conditions and interdisciplinary discussions.
Methods. Over an eight-month period, this study reviewed 200 patient records from the psychiatric department. It compared initial psychiatric diagnoses from OPD and ER admissions with final diagnoses at discharge. The evaluation examined the influence of ward round discussions, serial mental state examinations, and newly identified comorbid medical conditions, such as thyroid disorders and neurological issues, on diagnostic changes.
Results. Analysis showed that 38.2% of ER admissions had a revised diagnosis by discharge, compared with 22.5% from OPD. Initial diagnoses primarily included major depressive disorder (30.1%) and bipolar disorder (27.2%). By discharge, increases were observed in personality disorders (up by 18.3%) and substance use disorders (up by 14.7%). Comorbid medical conditions were newly diagnosed in 26.8% of patients. Factors influencing diagnostic changes included ward round discussions (57.3%), serial mental state examinations (40.2%), lab findings (33.5%), and medical/interdisciplinary consultations (29.6%).
Conclusion. The service evaluation at Benazir Bhutto Hospital reveals significant diagnostic evolution in psychiatric care, more pronounced in ER admissions. The identification of additional disorders and comorbid medical conditions highlights the necessity for comprehensive, ongoing psychiatric assessment. Lab findings and interdisciplinary consultations played a crucial role in refining diagnoses, suggesting the importance of an integrated care approach. Recommendations include improving initial diagnostic processes in ER settings and strengthening interdisciplinary communication to enhance accuracy in psychiatric diagnosis and patient treatment outcomes.

Out of Hours Work: A Trainee-Led Review

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Aims. The 2016 Junior Doctor's contract offers guidance as to the rest periods needed during non-resident on-calls (NROCs). The Rotherham, Doncaster and South Humber (RDaSH) NHS Foundation Trust currently works on a NROC trainee rota. NROC work undertaken is monitored via a log form, returned by the trainee after their shift. A retrospective audit was completed with only a 28% return rate of log forms. Though anecdotal evidence suggested inadequate rest and high workloads during on-calls, due to low engagement in monitoring formal data was lacking. Therefore, a trainee-led prospective audit was designed to formally monitor on-call workload over a period of 4 weeks.

The main aim of this project was to review the average amount of hours worked during an NROC shift and compare achieved rest periods against agreed standards (derived from 2016 contract). These standards indicate that 90% of shifts should achieve 8 hours rest in 24 hours and 5 hours continuous rest between 22:00–07:00. In order to accomplish this we first aimed to increase the return of completed on-call log forms to 75%.
Methods. Work was predominantly concentrated around increasing return rate of the log forms including: running teaching sessions, regional promotion, and sending daily reminder emails to return the forms. These forms were then reviewed and analysed.
Results. Across the 4 week audit period, the return rate of log forms was 95%, compared with the previous return rate of 28%. Average hours worked across all three localities exceeded the expected hours by RDaSH. When compared with the standards outlined, 1 in 3 shifts in Rotherham, 1 in 5 in Doncaster and 1 in 4 in South Humber did not achieve contractual rest periods. Out of these, not reaching 5 hours continuous rest was the most common reason for not meeting contractual rest periods.
Conclusion. RDaSH worked collaboratively with trainees to generate a number of interventions to mitigate the breaches in rest periods including: creation of a new clinical role to filter calls, reviewing the suitability of the NROC rota and increasing pay to reflect the increased workload. There is currently work underway to redesign the rota.

This audit highlights the importance of prioritising regular reviews of NROC work to ensure the safety of both staff and patients through achieving adequate rest periods.

Adverse Event Reporting in Older Adult Mental Health: A Theme Analysis

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Aims. We carried out a theme analysis of SAER (Significant Adverse Event) reports completed in Older Adults Mental Health Services in Greater Glasgow & Clyde. We wanted to identify common themes to bring about shared learning.
Methods. We analysed 19 SAERs from 2017 to 2023, using deductive coding. The 'Human & Contributory Factors' included within the SAER toolkit formed the coding system. Coding was then discussed between authors to explore the themes.
Results. Considering the demographics of the group, patients who died by suicide demonstrated gender distribution and methods in keeping with recognised statistics. However there was an over-representation of anxiety disorders and grief reaction (64%). This may prompt clinicians to hold a lower threshold for risk management strategies in this group.

Theme #1: 'Management & Organisation'. In the period covering the pandemic, reports reflected the need for rapid changes in practice and how in some cases this had an impact on patient care e.g. restricting the possibility for review in the patient's home.

Challenges in liaising with external agencies such as Police Scotland were also highlighted

Many reports reflected that practice could have been updated, encouraging willingness to scrutinize long-standing practice.

Theme #2: 'Communication & Team factors'. Communication failures between staff were more common than with patients. It was more common for communication failures to occur between teams than within.

This theme also covered issues with availability of information, such as the hybrid model of working with electronic systems but also with some paper records, and the opportunity for information to be missed as a result.

Theme #3: Quality of Care. This theme referred to recommendations for more robust or formalized methods of working, or for care to be more clearly patient-centred.

Delays accessing care were also highlighted. This might refer to a delay accessing other treatments within the inpatient setting, or to missed opportunities or delays in outpatient assessment.

Factors around specific tasks were frequently identified. Most often this referred to guidelines not being followed (updating formal risk assessments, referral to Tissue Viability, etc.). In a smaller number of reports it was identified that guidance was insufficient with recommendations for these to be reviewed.

The importance of patient factors was acknowledged in all reports without this apportioning blame to them or absolving the team from identifying areas for improvement.

Conclusion. This theme analysis identified a number of key themes for older adult psychiatry teams to consider. Results have been disseminated locally.

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.

An Evaluation of the Prevalence of Use of High Dose Antipsychotic Therapy Across the General Adult Inpatient Wards and the Psychiatric Intensive Care Unit in Mersey Care NHS Foundation Trust

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Aims. High Dose Antipsychotic Therapy (HDAT) should only be used in exceptional circumstances, as there is little evidence to suggest that higher than recommended doses of antipsychotics are more clinically effective than standard doses, with potential side effects being greater. In practice, there are several clinical scenarios where HDAT may be prescribed and the potential benefits must outweigh the potential risks. NICE guidelines for psychosis and schizophrenia advise that dosages outside the range given in the British National Formulary should be justified and recorded.

This evaluation aimed to determine prevalence of HDAT across the 16 general adult inpatient wards and the Psychiatric Intensive Care Unit (PICU) in Mersey Care NHS Foundation Trust.
Methods. A list of all inpatients admitted to the 16 general adult inpatient wards and to the PICU in the Trust between 17th and 20th of July 2023 was obtained. The electronic prescription record for each patient was scrutinised to determine whether the patient was subject to HDAT and, if so, whether this was due to antipsychotic monotherapy, combination of two or more antipsychotics, or due to regular and as required (PRN) antipsychotic medication.
Results. Of the 215 inpatients on the 16 general adult wards and the PICU, a total of 29 (13.5%) patients were prescribed HDAT. Four wards had no patients on HDAT; one ward had 5 patients on HDAT. Two of the 12 patients on the PICU were on HDAT. Of the 29 HDAT patients, none were on just one regular antipsychotic, 11 were on one regular antipsychotic and one PRN, 11 on two regular antipsychotics only, 4 were on two regular antipsychotics and one PRN antipsychotic, 1 patient was on three regular antipsychotics and 2 patients on three regular antipsychotics and one PRN antipsychotic. Of the 29 HDAT patients, 14 (48%) had schizoaffective disorder, 9 (31%) had schizophrenia, 5 (17%) had bipolar disorder and 1 (4%) had emotionally unstable personality disorder.
Conclusion. Only a minority of inpatients on the general adult wards and the PICU are prescribed HDAT. There was variation in HDAT prescribing across the wards and this may reflect the degree of diagnostic variability of each ward's inpatients. In those patients that are subject to HDAT, there is a need for appropriate baseline physical investigations to be completed and for appropriate monitoring of ECG and relevant blood tests. There is a need to consider whether each HDAT patient has been considered for treatment with clozapine, if appropriate.

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