comparison with locally provided services. Mental health Intensive Support Team (MhIST) is a specialist community rehabilitation service within Cheshire and Wirral Partnership NHS Foundation Trust which was established in June 2021. Although the team does not have specific diagnostic inclusion criteria, patients referred will typically have a high level of complexity in addition to severe, treatment refractory symptoms and impaired social, interpersonal and occupational functioning.

Methods. We analysed routinely collected data to explore two methods by which MhIST is reducing referrals for OOA placements including i) direct diversion of patients who would otherwise have been referred for OOA placements to the community with MhIST support, and ii) facilitating discharge from local high dependency inpatient rehabilitation services in order to improve patient flow, which in turn additionally enables repatriation from pre-existing OOA placements.

Results. We identified a cohort of 33 patients who had been supported by MhIST for ≥3 months. This cohort includes seven patients who would otherwise have been referred for an OOA placement. Further analysis for this group showed that initial referrals to MhIST were received from community mental health teams (CMHT) (n=1), acute inpatient wards (n=4) and high dependency inpatient rehabilitation services (n=2). Two patients (29%) were discharged to supported accommodation, and five (71%) were discharged to independent accommodation. Within the wider patient cohort identified (n=33), 66% of patients are living independently in the community.

In total, 13 patients have been discharged from high dependency inpatient rehabilitation services to MhIST during the review period.

Conclusion. MhIST uses a multi-disciplinary model which offers an intensive level of support and a high frequency of interventions. The team includes support workers, nurses, doctors, occupational therapists, psychologists and social workers, and in addition links with other community services involved in housing, employment and social projects. A bespoke and flexible approach allows complex needs to be addressed within local services, and here we highlight the role of MhIST in reducing referrals to OOA placements.

Knowledge of Service Users' Voting Rights Amongst Mental Health Professionals in Haringey

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Aims. Voting is an intrinsic part of being a member of society and promotes social inclusion. The vast majority of mental health service users have the same right to vote as the general population but are a disenfranchised group and inpatients are half as likely to vote. Service users experience many barriers to voting including knowledge of their eligibility and the accessibility of the registration and voting process. Mental health staff need to understand service users' voting rights so they can offer appropriate support. This project aimed to explore staff knowledge of service users' voting rights.

Methods. 77 multidisciplinary team members from inpatient and community settings in Haringey were surveyed about voting rights.

Questions focussed on staff knowledge of service users' right to vote (whether or not subject to various civil or forensic sections), if capacity to vote was required and if those with certain diagnoses were legally disenfranchised.

27 Care Coordinators were asked if they discussed voting with service users and whether support around voting and registration was in care plans.

Results. The response rate was 96%. No respondents answered completely correctly. Staff knowledge was similar across all groups and settings.

The majority of staff believed community service users (89%) and informal inpatients (93%) were able to vote.

63% of respondents knew inpatients on civil sections could vote. 81% knew those on a Community Treatment Order could vote. 40% of responses regarding the forensic sections were correct.

56% believed service users needed to have capacity in order to vote.

Certain diagnoses were believed to legally prevent service users from voting, including dementia (19%) and schizophrenia (13%).

44% of Care Coordinators discussed voting with service users and 26% included voting in care plans.

Conclusion. Despite a national campaign, the level of staff knowledge is disappointingly low throughout all groups and settings, risking service users being given wrong information. This further disenfranchises a group that already experiences significant barriers to vote.

It is of particular concern that a significant minority of staff believed certain diagnoses legally prevent voting.

It was poorly understood that capacity is not relevant to the right to vote.

Voting rights and available support is not widely discussed by care coordinators with service users.

Clearly, education and training on voting rights is necessary for mental health professionals. We are planning staff education sessions and service user workshops as a quality improvement project.

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 Audit of Documentation Relating to a Decision-Making Capacity to Consent to Admission to the Peter Bruff Mental Health Assessment Unit

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Aims. Assessment of the capacity to consent to admission is an important legal and ethical issue in daily medical practice. Mental Capacity Assessment (MCA) should be carried out thoroughly based on all the domains mentioned in the Mental Capacity Act (2005) and be recorded in the patient's notes or admission. This audit evaluated the documentation available on the electronic database (Paris) in order to ascertain what information was and wasn't documented. The standard used: "Decision–