To evaluate compliance with DVLA and GMC guidelines, an audit was conducted to assess: 1) whether patients' driving status was established; 2) whether patients were advised to inform the DVLA; and, 3) whether they were advised to inform their insurance company. This was subsequently re-audited after introducing recommendations to improve compliance.

Methods. Each audit cycle reviewed the 30 most recent discharges from an adult general psychiatry inpatient unit before and after intervention. Online notes, multi-disciplinary team (MDT) minutes and discharge summaries were reviewed to assess whether the above criteria were met. Following the initial audit cycle, results were presented at Trust-wide teaching, and driving status was added to an MDT template as a prompt to discuss this with patients. A second cycle was completed four months afterwards.

Results. Results of the first cycle (pre-intervention) showed driving status was established in 73% (n = 22) of patients. Of the drivers, 90% (n = 9) were advised to tell the DVLA, whilst only 9% (n = 1) were advised to tell their insurance company. Post-intervention, 67% (n = 20) of patients had driving status established, whilst 100% (n = 11) of drivers were subsequently advised to inform the DVLA, and 64% (n = 7) advised to tell their insurance company.

Conclusion. Clinicians have a legal and ethical duty to discuss driving status with patients. Failure to do so could have significant consequences on both individual and wider public safety. This audit showed that in clinical practice, key legal requirements were not being fulfilled. Whilst staff education and changes to MDT templates increased the number of drivers being advised to tell the DVLA and insurers, it had little impact on establishing driving status. Therefore, further changes were made to the discharge letter template to remind staff to assess patients' driving status, and to enable community team follow-up. A third cycle of the audit is currently ongoing to evaluate this change.

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Community Clozapine Initiation Practice

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Aims. To establish the proportion of CMHT Preston service users with schizophrenia who met the NICE standard (CG 178) of being offered clozapine after inadequate response to treatment with at least two antipsychotic drugs.

Methods. Inclusions – Service users on the CMHT Preston caseload with schizophrenia who attended outpatient clinic between January and June 2023.

Exclusions – Organic psychosis and non-schizophrenic/unspecified psychosis.

Sample size – 50.

Sampling – First 50 service users with established diagnosis of schizophrenia.

Data collection – Retrospective case-note audit from electronic patient records.

Data analysis – Quantitative.

Results. 45 service users (90%) met the clozapine eligibility criteria of not responding adequately to or tolerating at least 2 other antipsychotic medications while 5 service users (10%), did not meet the criteria. The proportion of eligible service users who were offered clozapine, and therefore met the standard, was approximately 64%, representing 29 out of the 45 eligible service users. Approximately 36%, representing 16 eligible service users, were not offered clozapine. In one isolated case, a service user who had only 1 previous antipsychotic trial and therefore did not meet the eligibility criteria, was offered clozapine. No reason was given in 13 out of the 16 service users who were not offered clozapine despite meeting the eligibility criteria. In the remaining 3 service users in this group, 2 were not offered clozapine because of cardiac problems and 1 was not offered because of significant history of poor compliance with antipsychotic medications. Furthermore, 25 eligible service users (86%) of those who were offered clozapine went on to initiate it with only 4 service users (14%) in this group not going ahead to initiate clozapine. In all 4 service users who did not initiate clozapine after being offered, the reason given was that the service users declined it.

Conclusion. The findings from this audit indicate that a considerable proportion (64%) of CMHT Preston service users with schizophrenia are being offered clozapine in line with the NICE standard, and 86% of those offered went on to initiate clozapine. However, there is room for improvement in terms of offering and ultimately initiating clozapine in a timely manner as evident from the findings which highlighted an average of three antipsychotic trials before eligible service users were offered clozapine. The existing established local clozapine community initiation pathway can potentially be optimised to improve clozapine access and ultimately enhance clinical outcomes for this subset of service users.

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Monitoring the Conformance of Patients Undergoing Electroconvulsive Therapy (ECT) Treatment to Electroconvulsive Therapy Accreditation Services (ECTAS) Standards at Worcestershire Specialist Mental Health Services

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Aims. To confirm that 100% of patients treated by Electroconvulsive Therapy (ECT) have weekly assessment of mental state via Montgomery–Åsberg Depression Scale (MADRS).

To confirm that 100% of patients treated with Electroconvulsive Therapy (ECT) have regular assessment of their cognition before treatment and every 4 treatment sessions via the Montreal Cognitive Assessment Scale (MOCA).

Methods. This Audit included all service users attended ECT suite regularly at Worcestershire Specialist Mental health services over a period of 12 months between April 2022 and April 2023.

Twenty patients were included in this audit for whom data was collected from both electronic and paper records to analyse the percentage of compliance with the Electroconvulsive Therapy Accreditation service (ECTAS) standards with regards to the recommended weekly assessment of mental state via MADRS and the recommended regular assessment of cognition before treatment and every 4 treatment sessions via the MOCA Scale.

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Results. The Audit included 20 patients having ECT treatment done regularly over a year.

Overall, 87.32% of the patients were found to have MOCA assessment done before their first ECT session and every 4 treatment sessions as per guidelines. While 96.29% of the patients had MADRAS assessment done weekly or every two treatment sessions as per guidelines.

Regarding MOCA assessment, it has been found that 80% of the patients had MOCA done before their first treatment session. 94.73% of the patients had MOCA done after their 4th treatment session. 89.47% of the patients had MOCA done after their 8th treatment session. And 84.61% of the patients had MOCA done after their 12th treatment session.

With regards to MADRAS, 100% of the patients had MADRAS done before the start of the treatment. 90% of the patients had MADRAS done after the second treatment (1st week). 100% of the patients had MADRAS done after 4th treatment (second week). 100% of the patients had MADRAS done after 6th treatment (third week). 93.33% of the patients had MADRAS done after 8th treatment (4th week). 92.85% of the patients had MADRAS done after the 10th treatment (5th week).

Conclusion. Overall, ECT practice at Worcestershire Specialist Mental health services has been found to be in compliance with the ECTAS guidelines.

The majority of patients had MOCA assessments done regularly every 4 weeks with the highest compliance found to be after the first 4 treatment sessions and the lowest compliance was for the MOCA assessment done before the start of the ECT treatment.

In terms of MADRAS assessment, there was an overall adherence with the guidelines with very few patients missing MADRAS assessment only once over their course of treatment.

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6 Case Study

First Time Presentation of Graves' Hyperthyroidism With Psychotic Symptoms: A Case Report

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Aims. Graves' disease, an autoimmune illness, is one of the most common causes of thyrotoxicosis and often presents with classic symptoms of hyperthyroidism. However, patients can rarely present for the first time with psychiatric symptoms, including psychotic and mood symptoms or a combination of both, and there is limited data on the most effective treatment.

Methods. Here, we report the case of a 24-year-old black British female who had no previous psychiatric or medical history, presenting for the first time with one week history of poor sleep, disordered thought, and bizarre and violent behaviour towards family. Collateral history describes her premorbid personality as "anxious and perfectionist", with the only recent stressors identified being preparations for her best friend's wedding. Her mental state on presentation was remarkable for tangential and circumstantial speech, incongruent affect, and lack of insight into illness. She was admitted to an acute adult ward under Section 2 of the Mental Health Act (MHA) after being "medically cleared" but before the results of her thyroid function tests were available.

She was transferred back to the acute medical ward a day into psychiatric admission, where she was treated medically for thyrotoxicosis and discharged with the support of the Home Treatment Team after an almost complete recovery in her mental state. Initial symptoms recurred two weeks after discharge, culminating in another admission cycle initially to a psychiatric unit under the MHA, where she was treated with oral risperidone and a medical ward for further medical investigations. Her mental state improved significantly again, and she was discharged home to the concerted care of both a community mental health team and follow-up with the endocrinology team. On outpatient psychiatric review a year following discharge, the patient remains stable in her mental state and has achieved a euthyroid state with plans to taper off and withdraw risperidone gradually.

Results. This case shows the importance of a thorough physical health assessment and investigation before making psychiatric management decisions. It also points out the drawback of the divide between physical and mental health services, the impact this has on patient care and experience within the National Health Service, and the mixed success of medical management in controlling psychiatric symptoms.

Conclusion. This case describes the rare presentation and successful management of psychosis induced by thyrotoxicosis in a female patient with Graves' disease. It highlights the need for prompt, interdisciplinary care to diagnose and safely manage such patients correctly.

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A Case of Self-Immolation in a Woman With Recurrent Puerperal Psychosis From Pakistan

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Aims. Postpartum psychiatric disorders are almost certainly common among women in Pakistan but accurate estimates of the prevalence of these disorders are difficult to obtain because of cultural norms and lack of awareness that may result in women underreporting such disorders, or them not being recognised because of lack of reliable screening tools and resources.

The aims of this case study are to report a case of an attempted suicide by self-immolation in a multiparous woman with recurrent puerperal psychosis, highlighting the cultural/religious barriers which often result in delayed help, and call attention to the need for awareness and screening.

Methods. A 35-year-old multiparous woman, hailing from low socioeconomic background in the outskirts of Dera Ghazi Khan, was admitted to the burns unit of our hospital after setting herself on fire. Psychiatric consultation was sought after obtaining a detailed history from the family members. She had given birth to her fifth child (2nd son) two weeks previously via spontaneous vaginal delivery (SVD). Soon afterwards, she developed low mood and was crying all of the time. She also developed feelings of excessive guilt and worthlessness and started praying excessively and asking for forgiveness of others. At times, she talked about wanting to end her life because she thought she was worthless, sinful, and