Neurodiversity Within an Adult Home Treatment Team in Newham, London

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Aims. An increasing proportion of patients presenting in crisis to Newham Home Treatment Team (NHTT) had been noted to exhibit clinical signs and symptoms of neurodiversity. The aim of our project was to identify the number of confirmed and suspected autism and ADHD cases over a 12 month period. We also collated data on gender, age, presenting complaint, medication, and use of screening tools.
Methods. The project involved a retrospective case note review of the NHTT (South) caseload from November 1st 2020-October 31st 2021. This involved searching caseload and electronic patient records on RiO for keywords: "autism", "ADHD", "ASD", "Asperger", "Attention Deficit Hyperactivity Disorder", "AQ10". Patients were included if neurodiversity was suspected or already diagnosed. Data were collected on age at presentation, gender, presenting complaint, NHTT diagnosis, other diagnoses, Autism Spectrum Quotient (AQ-10) score, whether screening for attention deficit hyperactivity disorder (ADHD) was completed, age at first presentation to services, and medications at discharge.
Results. Over a 12 month period 49 patients (out of 258) presenting to NHTT South raised clinical suspicion of neurodiversity, representing 19% of the caseload and on average one new patient per week. The majority of these (47) related to autism, 13 of which had confirmed diagnosis (M = 26, F = 23). Of the 36 for whom there was clinical suspicion of autism, an AQ10 score was recorded for 18. 14 patients were suspected to have ADHD, 6 of which were confirmed (M = 5, F = 9). There was not a significant impact of gender. The majority of patients included (33) presented with a mood disorder (M = 15, F = 18), and a minority (13) with psychotic disorders (M = 7, F = 6). Over half of patients included presented with suicidality (M = 11, F = 14), and just under half had received a diagnosis of personality disorder (M = 7, F = 16). 21 patients were prescribed anti-psychotic medication (M = 13, F = 8), and 24 were prescribed an antidepressant (M = 9, F = 15).
Conclusion. Our findings demonstrate that neurodiversity may currently be under-diagnosed and is often mis-diagnosed, with suspicion frequently raised in previously undiagnosed adult psychiatric patients presenting in crisis. There is need for increased awareness of presenting features of neurodiversity within secondary mental health care services, and particular screening for patients experiencing suicidality may be beneficial. The AQ10 is under-utilised as an independent screening tool, and should be promoted to aid in identifying neurodiversity. Patients who may be neurodiverse are frequently prescribed antipsychotic and antidepressant medication, and further studies exploring prescribing practices in this patient sub-set may be useful.

Re-Audit of Compliance With Standard Operating Procedure for Prescription of Depot Medication Within the Wolverhampton Older Adult Services

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Aims. 1) To re-audit the current practice of depot prescribing within the Wolverhampton Older Adult Enhanced Community Mental Health Teams (ECMHT). 2) To assess whether the implementation of a memory aid for prescribers has improved compliance of current practice to the Black Country Healthcare Foundation Trust (BCHFT) standard operating procedures (SOP) protocol.
Methods. All depot cards were identified from the Wolverhampton Older Adult ECMHT in January 2022. The cards were assessed for their compliance with the 15 standards for depot prescription writing as set out by the BCHFT SOP protocol. If a standard was not met, reasons for non-compliance were documented. The compliance rate for each standard was then compared to the results from a previous audit performed in January 2021.
Results. A total of 13 depot cards were identified. Out of the 15 standards, 6 of them had a 100% compliance rate. The two standards with the lowest compliance rate were 'Standard 3' and 'Standard 7'. Standard 3 states that "Prescriptions should be signed and dated appropriately, including full signature and name printed". This standard only achieved 15% compliance. This was a 60% reduction from the previous 75% compliance. Standard 7 states that "The interval expressed should be using the word 'every'". This standard achieved a compliance rate of 31%. This was a 12% improvement from the previous 19%.
Conclusion. This re-audit has shown there is still significant room for improvement regarding depot prescribing. The reason for non-compliance to Standard 3 was largely due to prescribers not printing their names alongside their signatures. This is likely due to the lack of an assigned space for "Prescriber's name" to be printed on the form. Also, like the previous audit in 2021, prescribers are still not using the word 'every' when filling in the frequency of depots (Standard 7). Despite this, there is a 12% improvement in compliance rate which shows that the memory aid did help some prescribers to comply to Standard 7.

These results will be discussed at the trust's Clinical Audit and Effectiveness Committee meeting. We will then revise the community depot cards to include columns for both prescriber's signature and name. Finally, we will harmonise depot cards from all localities in BCHFT. We will continue to include the memory aid at the front of all depot card folders as it has proven effective. We aim to complete these by March 2022.

Cardiovascular Disease Risk in SMI Across Various Settings in a Semirural Area – a Study During COVID-19 Pandemic

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Aims. The risk for cardiovascular-related death is predicted to be higher in individuals with Serious Mental Illness (SMI) due to increased prevalence of common cardiac risk factors like smoking, physical inactivity, poor diet, substance use and hyperlipidemia among them.
Methods. The aim of this retrospective study was to evaluate the physical health of patients with SMI in various settings- acute inpatient, tertiary care hospital and community.

We estimated the cardiovascular disease risk of schizophrenia patients with the aid of Framingham Risk Score (FRS) assessment