Evaluation of Psychiatric Intensive Care Unit (PICU) Admissions in Comparison to NAPICU Guidelines on Admissions Criteria

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Aims. Ward 1 at The Newsam Centre, Seacroft Hospital is a 12 bedded PICU facility for the city of Leeds, United Kingdom (UK). Our average length of stay was between 3 and 4 weeks. This project aimed to evaluate our admissions in comparison to the National Association of Psychiatric Intensive Care Unite (NAPICU) guidelines on admission criteria and to describe the characteristics of our patient population. At the time of our evaluation, we operated without a specific admission criteria, and this was hypothesised to be a contributor to longer length of stay.

Methods. 297 patients admitted over a period of 2 years were identified and their characteristics including age, sex, ethnicity, housing area, general practitioner (GP) practice, mental health diagnosis, and length of stay tallied. These were compared with NAPICU guidelines on admission criteria and 2 patient groups (NAPICU and Non-NAPICU) were identified, analysed, and compared using Microsoft Excel pivot table. We compared their length of stay corrected for outliers using the z-score calculation. We also looked at significant differences between the groups and looked in greater detail for the profile of the Non-NAPICU group to understand the reasons for their admission, and consider their impact on our length of stay.

Results. We found that our mean length of stay was 25.9 (1 – 215) days. When the NAPICU admission criteria were applied onto the sample, 9 patients were excluded (Non-NAPICU group) resulting in a reduction of our mean length of stay to 20.5 (1 – 83) days. When the Non-NAPICU group were looked at separately, their mean length of stay was 66.22 (7 – 152) days. When the Non-NAPICU group was looked at in greater detail, 2 patients had 2 separate recurrent admissions; one of which had a primary diagnosis of Learning Disability while the other had no clear Psychotic nor Depressive Disorder, and was complicated by Personality Disorder and criminality. 2/9 patients were detained using the forensic section 37/41. In addition, 2/9 patients were from the elderly population and 1/9 was from the younger population. There were no major differences in gender, ethnicity or age distribution.

Conclusion. Our evaluation suggested the potential reduction of our mean length of stay from 25.9 days to 20.5 days when the NAPICU admissions criteria were applied. We recommended a careful implementation of an admissions criteria for Ward 1 at The Newsam Centre PICU.

Understanding the Length of Stay (LOS) in Mental Health Acute Wards for Patients of the Joint Homelessness Team vs Other Westminster Patients

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Aims. The Joint Homelessness Team (JHT) is a specialist mental health service for rough sleepers in Westminster. Patients have many years of declining mental health, leading to a downward social decline, resulting in homelessness.There is a concern that mental health patients are discharged prematurely due to bed pressures. This means treatment may not be optimised, with social issues and risks remaining. Serious mental illness (SMI) is associated with reduced life expectancy and high morbidity. Thus, homelessness and SMI are a double-hit of risks for people. For JHT patients, there are many barriers to admission, including coordinating complex street or S135(1) assessments and police availability; some cases have taken months or years to plan. If patients remain sub-optimally treated at discharge, there's a high risk they abandon accommodation and return to rough-sleeping; leading to further lost years of illness and homelessness.

Methods. This was a retrospective analysis. Via SystmOne, we identified all JHT admissions in 2021 and their LOS. Data were collected, including demographics, mode of admission, discharge destination and whereabouts at three months (as a secondary end-point). LOS figures were gathered for other Westminster patients from general adult wards for 2021.

Results. There were 57 JHT admissions in 2021. 1 patient was excluded as still admitted. 22 patients were already care-coordinated by JHT and admitted for relapses; for the remainder it was a first admission.

For Westminster patients, there was a low variation throughout the year in number of monthly admissions and LOS; monthly average LOS range was 30-38 days. For JHT, there was higher variability for number of admissions and LOS with no seasonal pattern; monthly average LOS ranged from 4-95 days.

At three months, 22 (39%) patients were not housed in the community. Of these: 3 were discharged to the streets; 9 became street homeless; 3 were discharged to 'Stepdown' and went AWOL soon after; 5 patients were readmitted; 2 patients their location was unknown. 28 (50%) were housed in homeless hostels.

The data were presented at a borough-wide academic meeting.

Conclusion. While the dataset is small, the LOS for JHT was inconsistent, reflecting the variability of the cohort. This may need further exploration.

With 39% of admissions having unsatisfactory endpoints, this suggests that many patients were not well enough to work collaboratively out in the community. There was a consistent pattern of shorter admissions leading to poorer endpoints at three months.

Keeping the Door Open: The Function of the Supported Employment Programme During the First Year of COVID-19 Pandemic

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Aims. The Supported Employment Programme of the General Directorate of Mental Health of the Autonomous City of Buenos Aires has been running for the last five years. Its purpose

is to help adults with severe mental illness obtain and maintain competitive work in the community and provide the support necessary throughout the entire process and follow-up after successful inclusion. The aim of this paper is to evaluate the impact of the COVID-19 pandemic has had upon the Programme and to analyse the main causes of clients' drop-off despite the fact the modifications were put in order to keep running the service during the lockdown.

Methods. Retrospective analysis of case records of the Supported Employment Programme from 1 January 2020 to 31 December of 2020.

Different variables were analysed to identify the main causes of dropout. Between them, variables related to the digital divide, fear of COVID-19, and increased economic vulnerability.

Results. At the beginning of 2020, the programme had 51 users and received 11 referrals throughout the year, of whom 8 users were finally admitted. Therefore, 59 users entered this sample, 40.7% were women (n=24) and 59.3% were men (n=35). Mean age 40.4, ranging from 18 to 65 years of age (sd = 11.6). No significant differences were found in sex, age, or level of instruction between participants. The dropout rate after the lockdown was introduced reached 50.3% (n = 30), and there were no significant differences between those who left the programme and those who continued, with respect to sex, age, or level of instruction. Significant differences were found between these two groups in access to Technology (T= –6.158 p<0.000); Digital illiteracy (T–3.247 p<0.003); fear of getting COVID-19 (–7.616 p<0.000). However, having obtained a job through the programme was a protective factor against leaving, and only one user out of nine who got a job through the programme dropped out. This difference was at the significant level (T=2.671 p<0.05).

Conclusion. Even though, in an attempt to keep the Programme running during the strict lockdown that was imposed during the first year of the COVID-19 pandemic, moving the face-to-face interviews to remote ones through digital platforms did no guarantee the access to service. The digital divide was one of the main causes of dropout of users. It is important to point out the protective value that had to have obtained a job through the programme against leaving.

Serum Prolactin Level Monitoring in Children and Adolescents on Antipsychotic Treatment: Evaluating the Current Practice in Al Ain, United Arab Emirates

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Aims. The use of antipsychotics in children and adolescents requires close supervision in a specialist clinic. The decision to commence antipsychotics should be made jointly with the young person, their parents, carers, and healthcare professionals. It is critical to provide age-appropriate information and discuss the possible benefits and side effects, including raised serum prolactin levels, potentially leading to serious consequences such as reduced bone density and abnormal pubertal development. This audit aimed to appraise the antipsychotic prescribing practice in children and adolescents in psychiatric outpatient clinicians in Al Ain Hospital, United Arab Emirates. The authors analysed the compliance against the standards set out in The National Institute for Health and Clinical Excellence (NICE) Clinical Guidance 155 concerning monitoring prolactin levels in children on antipsychotic medications at baseline, 12 weeks, and every six months thereafter.

Methods. This Hospital-wide audit involved a retrospective review of case notes. A questionnaire was developed to capture the required information anonymously. The audit sample comprised 135 children under the age of 16 who were on antipsychotics for more than six months and were followed up in the child psychiatry clinic between January 2018 and December 2019. We chose this pre-Coronavirus Disease 2019 (COVID-19) period when services were running as usual. Data collection took place between September and December 2022.

Results. Out of 135, 28 (21%) patients were males, with 51 (38%) being Emirati citizens. The sample age ranged between 6 and 16 years, with a mean of 13.5 years. Risperidone was the most commonly used antipsychotic. The majority of patients (63%) had a diagnosis of psychosis in the context of Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder, and intellectual disability. None of the patients had a baseline prolactin measurement performed, while only 10 (7%) had prolactin levels checked at 12 weeks. No patient had prolactin levels checked at six-monthly intervals.

Conclusion. This audit has identified a clear need to develop local guidance on monitoring antipsychotic side effects in children and adolescents. We recommend enhanced staff training in monitoring for the relevant side effects and introducing a mechanism to electronically alert the prescribing clinician when the time of monitoring is due. We suggest educating the patients about symptoms of high prolactin levels and re-audit the practice after one year of implementing the above action plan.

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Electroconvulsive Therapy: Evaluating the Current Practice in Al Ain Hospital, the United Arab Emirates

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Aims. Electroconvulsive Therapy (ECT) has been used since the 1930s for the treatment of depressive illness, mania and catatonia. This audit aimed to appraise the ECT pathway followed by the Behavioral Sciences Institute at Al Ain Hospital, United Arab Emirates. The authors analysed the pathway's compliance against the standards set out in the local Al Ain Hospital guidelines and The Royal College of Psychiatrists (RCPsych) standards, with a particular focus on capacity and consent issues.

Methods. This audit involved a retrospective review of case notes. After obtaining the relevant ethical approval for the audit, we collected the case notes of all patients who received ECT over a period of three years between May 2019 and June