2022. The audit sample comprised 30 patients, both from the inpatient and outpatient services in Al Ain Hospital. A questionnaire was developed to capture the required information anonymously. Data collection took place between September and November 2022.

Results. Out of the total 30 patients, 21 (70 %) were males. The average age of the sample was 31 years, with a range of 19-71 years. Twelve patients (40%) were Emirati citizens, with Ethiopian nationals (17%) being the second largest ethnic group. A significant majority (90%) of the patients who received ECT were under the inpatient psychiatric services at Al Ain Hospital. The sample studied received, on average, eight sessions of ECT. Major depressive disorder (43% of the sample) was the most common diagnosis, followed by severe mania at 37% and Catatonia at 17%.

Of 30 patients, 16 (53%) had no documentation of their mental capacity to accept ECT on the consent papers. Out of 8 patients deemed lacking capacity, only 4 had proper documentation of the reasons for lacking capacity. Reviewing the consent papers demonstrated that 20 patients (67%) had no documentation of discussing the risk and benefits of the procedure.

Conclusion. This audit has identified areas for improvement in the implementation of Al Ain Hospital's current ECT pathway. The authors have suggested enhanced staff training on consent issues involving ECT, emphasizing better documentation of the decision-making process. Considering the possible medicolegal consequences, a particular area for documenting discussions of the risk and benefits of the procedure should be included in the ECT consent form. We aim to re-audit the practice after one year of implementing the above action plan.

No financial sponsorship has been received for this evaluative exercise.

Ethnic Differences in Dose and Levels of Clozapine: Exploring Need for Any Specific Monitoring Needs

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doi: 10.1192/bjo.2023.375

Aims. Clinical research shows that compared to Caucasian patients, Asian patients appear to have a lower clozapine dose requirement for clinical efficacy. Hence, appropriate dose adjustment should be considered in Asian patients receiving maintenance clozapine therapy. Secondly, studies in the UK report that Asian patients with treatment-resistant schizophrenia were less likely to receive clozapine than Caucasian patients. The objectives of this study were to find out the ethnic difference in dose and levels of clozapine in ethnic minority patient (BME (Black and minority ethnic) populations and to explore if there is a need for any specific monitoring.

Methods. Demographic (age, gender, and ethnicity) and clinical variables (diagnosis, clozapine dose, plasma level of clozapine and nor-clozapine, smoking status, side effect profile, and physical comorbidities) were collected from the electronic patient records and analysed.

Results. The sample consisted of 66 (56.4%) Caucasians, 22 (18.8%) Asians, 21 (17.9%) African-Caribbean, and 8 (6.8%) mixed ethnicity patients. Their age range was 19-80, with an average of 46.9 ±11.9 years.

Among the ethnic groups, age, clozapine, nor-clozapine level and QTc were comparable, except for the dose of clozapine; Caucasian had the highest dose (414.8±140.0 mg), followed by African-Caribbean (373.8±163.7 mg), Asian (333.8±121.2 mg) and mixed (260.7±110.7 mg) (F3.68, $p<0.05$). The difference remained significant when all the BME groups were combined as well.

Side effects such as hypersalivation, drowsiness, blurred vision, polyuria, sore throat, headache, vomiting (none), dizziness, difficulty passing urine, urine incontinence, flu-like symptoms, nausea, were comparable among ethnic groups.

There was no difference in smoking among the groups. Considering comorbidities compared to BME, Caucasians had significantly lower rate of hypertension (27.1% vs 9.1%, $p<0.01$); diabetes (18.6% vs 4.5%, $p<0.05$), however dyslipidemia (5.1% vs 3.0%) was comparable.

In addition to the above, the dose of clozapine was positively correlated with clozapine and norclozapine levels ($p<0.05$). Clozapine and norclozapine levels correlated significantly ($p<0.001$). Age was negatively correlated with norclozapine assay ($p<0.05$) and positively with the number of cigarettes. It appears as the age increases, the number of cigarettes goes up, and norclozapine levels come down.

Conclusion. There are a few variations of clozapine prescribing in different ethnic groups. Although the Caucasians had higher doses, they had comparable blood levels. A higher proportion of BME patients on clozapine had hypertension and diabetes, emphasizing metabolic risk. Our study findings suggest clozapine monitoring should look into ethnicity related risk factors.

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.

ID (Intellectual Disability) Crisis Resolution! *Novel Approaches in NHS Highland*

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doi: 10.1192/bjo.2023.376

Aims. Like most health and social services, community ID teams are under increasing pressure to manage burgeoning caseloads. This evaluation was for the Red People Meeting video conferencing (VC) from its conception during the pandemic 2020 with particular reference to it's simple format to structure meetings for their effectiveness and promotion of team communication and well-being.

Methods. The Red people meetings is held every Mon – Fri between 11am and 12pm through an invite sent via e-mail or diary invite. A RED STATUS is identified by a support worker who poses:

- Serious risk of harm to self or others
- Serious concerns related to Physical / Health / Perceived challenging behaviours.
- Individual requiring hospitalisation

Meeting Attendees (over TEAMS): Chaired by the Head of Service or Lead ID Nurses. With attendance of ID Consultant Psychiatrist, OT Team, Moving Home Manager, ID Nurse, Social Worker. Attendance depending on individual need include

Clinical Psychology, AHPs, Social Work Team Manager, Social Worker, Police, GP, Housing, MHO, District Nurses, etc

Individuals identified as RED and are at risk of admission or an inappropriate alternative solution will likely require significantly longer discussions and a full plan to reduce the risk of harm.

Evaluation data were gathered via qualitative feedback from the multi-disciplinary team (MDT). Number of patients admitted among cases discussed from January 2020 until September 2022 (Total 248) was noted.

Results. The MDT team were generally satisfied with the assistance they received and were able to be provided solution focused remedies with immediate feedback. In particular, they were satisfied with the accessibility in having a collaborated approach with addressing the challenges to request priority of interventions from NHS Highland ID staff and provision of timely advice and guidance to support providers. Out of the 248 People With Intellectual Disability (PWID) discussed from January 2020 to Sept 2022, only two required admission with the rest successfully being managed in the community.

Conclusion. With its easy accessibility and quick response via video conferencing, 'Red people' meeting can be used as a platform to discuss PWID and / or autism who have been classified with a RED status identifying the immediate support required, providing expert advice and guidance, enabling a quick prioritised response from professionals and provision of safe and timely discharge from hospital.

It is evident that further research needs to be undertaken into the contemporary and future practice of community ID teams in the management of crisis settings.

Review of Admissions to Local Division, Mersey Care NHS Foundation Trust Between June 2017-June 2022

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doi: 10.1192/bjo.2023.377

Aims. The aim of the study is to investigate if a trend in admissions to wards within Local Division in Mersey Care NHS Foundation Trust has been evident over the past five years and hypothesise rationale for this.

Methods. Mersey Care NHS Foundation Trust has collated information on admissions to wards within their Local Division from June 2017 to June 2022. These data were reviewed and analysed.

We considered contributory reasons for any trends in admissions, for example, establishment of the Crisis Resolution Home Treatment Team (CRHTT) in 2017 and the impact of the Coronavirus pandemic. We also reviewed the number of assaults over this period, to see if a trend was evident.

Results. There has been a downward trend in the total number of admissions to wards within Local Division.

The average total number of monthly admissions pre establishment of the CRHTT was 186, which declines to 133 when the service was functioning. For general adult admissions, the average number of monthly admissions pre commencement of the CRHTT was 160, which reduced to 118 after implementation of the CRHTT, a 26.3% reduction. For old age admissions, the average number of monthly admissions was 25, which reduced to 19 after implementation of the CRHTT, a 24% reduction.

At the height of the Coronavirus pandemic, the average number of admissions dropped to 124, and 80% of results fell below the trendline. There was a less significant reduction in old age admissions due to the Coronavirus pandemic, perhaps reflecting less family support during lockdown periods, reduced access to carers and less input from the community mental health team in care homes; all of which could increase the need for older adults to be admitted to inpatient mental health beds.

The number of assaults across wards within Local Division increased significantly from 602 in 2017 to 1527 in 2021. This suggests there is perhaps a higher threshold to admit patients, with more significant risk profiles.

Conclusion. A downward trend in admissions to Local Division within Mersey Care NHS Foundation Trust has been evident since 2017.

There are a several factors that could have contributed to this, including commencement of the CRHTT and restrictions due to the Coronavirus pandemic. The significant increase in the number of assaults, may also suggest there is now a higher threshold to admit patients, with more significant risk profiles.

Long Waiting Lists and Poor Attendance - How Can Psychiatry Do Better? a Review of Services in North West Edinburgh

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doi: 10.1192/bjo.2023.378

Aims. Increasing demand and high rates of non-attendance (DNA) lengthen waiting lists for psychiatric services, a topic of significant public and political interest. NHS Lothian data between 2009/10 and 2018/19 averaged a DNA rate of 19% for new patient appointments. Our aim was to analyse the waiting list and DNA rate for patients referred for a routine Consultant-led General Adult Psychiatry outpatient clinic appointment (OPCA) within the North-West Edinburgh Community Mental Health Team. The goal was to identify lost clinical time and areas for service development.

Methods. We collected data of all patients on the waiting list for a routine OPCA, excluding 'soon' or 'urgent' appointments and those on the separate Neurodevelopmental Disorder waiting list.

We collected data of all OPCA attendances between 1st of January 2020 and 1st of January 2023.

In line with Royal College of Psychiatrists guidance, we allocated 30 minutes for a return patient and 60 minutes for a new patient to determine lost clinical time due to DNAs.

Data were collected from NHS Lothian Analytical Services and anonymised in line with NHS Information Governance Policy.

Results. 221 patients were on the waiting list for an appointment. 52% of patients were female (n = 115). The longest wait was 10 months.

https://doi.org/10.1192/bjo.2023.376 Published online by Cambridge University Press