

drug screen completed within the review period. In terms of care-planning, only 52% of patients had random drug screening mentioned in their care plan. 22% of patient care plans reported the actions/consequences for a positive test result. Not a single care plan mentioned how frequently patients should be being tested or potential triggers for increased risk of drug misuse amongst inpatients.

Conclusion. Current practice and recording of drug screening amongst female forensic psychiatric patients is poor compared to expected standards. The lack of consistency in drug screening raises concerns regarding whether potential substance misuse amongst inpatients may be going undetected, and therefore impacting the recovery of patients. Improvements to drug screening practice should be considered in order to ensure optimal recovery and safety to patients and others.

Clinical Audit cycle of Mental Health Act (MHA) documentation for patients on section 3 staying 90 days and over in adult wards at Roseberry park hospital

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doi: 10.1192/bjo.2021.904

Aims. To complete the audit cycle on compliance of MHA documentation (including MCA1 form at admission and 3 months, T2 form, SOAD request and T3 form authorization) on patients on section 3 staying 90 days and over in adult wards at Roseberry park hospital

Method. In the initial audit, we collected data from all inpatients on section 3 staying 90 days and over, in Adult acute and rehab wards on Roseberry park hospital between the time period 28/10/19–04/11/19. Using a designated audit data collection tool, information was gathered from each patient's electronic record pertaining to the standards. The same method was used in re-audit where data were collected from all inpatients on section 3 staying 90 days and over in Adult acute wards on Roseberry park hospital between the time period 04/11/20–11/11/20. To note, the rehab ward at Roseberry park hospital was closed in Feb 2020. The data were analysed by the project lead.

Result. In the initial audit, 16 patients records were identified as meeting criteria, out of these 7 (44%) patients were on acute wards and 9 (56%) at rehab ward. Where as in re-audit 5 patients records were identified as meeting criteria and all were on acute wards. Days in Hospital - Ranged from 120 days to 664 days, average being 295 days and median of 186 days in the initial audit compared to 121 days to 290 days, average being 170 days and median of 150 days in the reaudit. Percentage of patients records with documented capacity assessment at admission and 3 months were same at 80% and 60% respectively in both audits. T2 form was completed in all consenting patients in both audits. SOAD request sent was recorded in only 1 (25%) patient in the reaudit, which was lower than the initial audit, where in SOAD request was sent in 7 (78%) patients but recorded in 5 (56%) of them. For patients lacking capacity, T3 form was documented only in 4 (45%) patients but T3 form authorisation was discussed with patient and evidenced in case notes in only 1(11%) case in the initial audit, where as in reaudit T3 form was not documented or discussed for any patient.

Conclusion. There needs to be improvement in MHA documentation for detained patients.

Metabolic side effects of clozapine in patients at south ceredigion community mental health team

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doi: 10.1192/bjo.2021.905

Aims. The aim of the audit was to identify patients at risk of developing Metabolic Syndrome who are on Clozapine in the community. Anyone who has three of following attributes has Metabolic Syndrome. A large waist size (greater than 40 inches in men or 35 inches in women) ,high blood pressure (130/85 mm Hg or higher) ,high triglycerides — a form of fat in the blood (150 mg/dL or higher) ,high blood sugar (a fasting level of 100 mg/dL or higher). Patients receiving should be regularly monitored under clinical review particularly in relation to side effects of the drug and maintain minimum standards of review both physically and clinical investigations once a year .

Background. To measure the screening of central obesity, Blood Pressure, serum glucose levels and lipid profile in last one year.

Method. Data were collected from Blood results and electronic entries of patients who are on Clozapine in South Ceredigion Community Mental Team. There were 31 patients of which 20 were male and 11 were female patients. The age range was 31–66 years and average was 46 years.

Result. 52% of the patients had obesity, 34 % with Hypertension, 50 % Dyslipidaemia and 43 % had Increased glucose tolerance. 80 % were only on clozapine, 3% were on combined Amisulpride, 10% on combined on Aripiprazole, 3 % on combined Quetiapine.

Conclusion. Treatment of causes like making changing lifestyle changes, weigh reduction using health diet and to include regular physical activity. Reduce Abdominal Obesity and in possible provide nutritional intervention.

Suicide: can we identify and manage those at risk more effectively?

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doi: 10.1192/bjo.2021.906

Aims. This study aimed to conduct longitudinal analysis of suicide reviews for mental health service users in Ayrshire to improve local practice and outcomes. Traditional risk factors – middle-age, male and alcohol misuse – were hypothesised to convey greater risk of completing suicide.

Background. Suicide is an important public health issue in Scotland, with potentially devastating impacts. Practice and policy may lag behind emerging evidence. Mental health problems are associated with an increased suicide risk, and care provided to those who take their own lives is reviewed to identify recommendations and learning points to improve practice and outcomes. However, these reviews and their conclusions are often considered individually, when studying them collectively over time it is necessary to characterise common themes and highlight factors that could be addressed to reduce suicide. Moreover, national averages can obscure local patterns.

Method. Access to reviews of suicides for mental health service users in Ayrshire was granted by the Adverse Event Review Group. Relevant data were extracted for the 35 General Adult service users completing suicide between 2013 and 2015, including details of the act, demographics and clinical factors, and analysed for trends.

Those with and without emotional instability as a primary diagnosis or significant problem were dichotomised to facilitate identification of statistically significant factors specific to these symptoms.

Result. There were 35 completed suicides including three inpatients. Suicide was most common in the 25-29 and 45-54 age ranges, and over 68.6% were male. Hanging accounted for 60.0% of deaths, and self-poisoning for 8.6%. Up to 62.9% of patients did not appear to have ongoing scheduled appointments on a regular basis. Diagnoses were difficult to identify – 48.6% had no clear primary diagnosis specified in the reviews, and features of depressive, anxiety, psychotic, substance misuse and personality disorders frequently overlapped and co-occurred. 22.9% had problems with emotional instability; their median age was 14 years younger, and 87.5% were female.

Conclusion. Small sample size precluded detailed analysis. The traditional risk profile remains relevant. However, almost 25% of those completing suicide were younger females with emotional instability, despite frequent contact with services. Given the challenges in predicting suicide, we should continue to consider how best to prevent this tragic outcome in all service users, especially in younger females with emotional instability; middle-aged males who misuse alcohol, and those with ill-defined diffuse psychological difficulties who do not fit into discrete categories or are reviewed infrequently.

Experiences of people seen in an acute hospital setting by liaison mental health services: responses from an online survey

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doi: 10.1192/bjo.2021.907

Aims. Recently the NHS has expanded the provision of liaison mental health services (LMHS) to ensure that every acute hospital with an emergency department in England has a liaison psychiatry service. Little work has been undertaken to explore firsthand experiences of these services. The aim of this study was to capture service users' experiences of LMHS in both emergency departments and acute inpatient wards in the UK, with a view to adapt services to better meet the needs of its users.

Method. This cross-sectional internet survey was initially advertised from May-July 2017 using the social media platform Facebook. Due to a paucity of male respondents, it was re-run from November 2017-February 2018, specifically targeting this demographic group. 184 people responded to the survey, of which 147 were service users and 37 were service users' accompanying partners, friends or family members. The survey featured a structured questionnaire divided into three categories: the profile of the respondent, perceived professionalism of LMHS, and overall opinion of the service. Space was available for free-text

comments in each section. Descriptive analysis of quantitative data was undertaken with R statistical software V.3.2.2. Qualitative data from free-text comments were transcribed and interpreted independently by three researchers using framework analysis; familiarisation with the data was followed by identification of a thematic framework, indexing, charting, mapping and interpretation.

Result. Opinions of the service were mixed but predominantly negative. 31% of service users and 27% of their loved ones found their overall contact with LMHS useful. Features most frequently identified as important were the provision of a 24/7 service, assessment by a variety of healthcare professionals and national standardisation of services. Respondents indicated that the least important feature was the provision of a separate service for older people. They also expressed that a desirable LMHS would include faster assessments following referral from the parent team, clearer communication about next steps and greater knowledge of local services and third sector organisations.

Conclusion. Our survey identified mixed responses, however service users and their loved ones perceived LMHS more frequently as negative than positive. This may be attributed to the recent governmental drive to assess, treat and discharge 95% of all patients seen in emergency departments within four hours of initial attendance. Additionally, dissatisfied service users are more likely to volunteer their opinions. The evaluation and adaptation of LMHS should be prioritised to enhance their inherent therapeutic value and improve engagement with treatment and future psychiatric care.

Priority clinic access or outreach to provide Sexual and Reproductive healthcare for people with mental illness?

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doi: 10.1192/bjo.2021.908

Aims. To compare two sexual and reproductive health (SRH) clinical pathways (a priority appointment at a mainstream SRH clinic versus assertive community outreach), and to explore how each improves access to care for people with psychotic mental illness, severe addictions and/or learning disability.

Method. Observational, descriptive study of two clinical access pathways within SHRINE (Sexual and Reproductive Health Rights, Inclusion and Empowerment), a specialist SRH programme to improve SRH care for severely marginalised people.

The SHRINE programme delivers effective, ethical, accessible and user-centred SRH care for people with severe addiction, serious mental illness and/or learning disability in the deprived inner London boroughs of Lambeth and Southwark. These individuals often find accessing conventional SRH clinics very difficult. SHRINE clients can self-refer but most of them are referred by their health or social worker.

Clients or referrers indicate their preferred pathway: priority appointment at the mainstream clinic or assertive community outreach. The priority appointment pathway at Camberwell Sexual Health Centre (CSHC) is as flexible as possible, with minimal waiting times, reminders, invitation to bring a friend or care worker and active follow-up of non-attenders via key workers.