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need for the medical profession to continue striving for a tangible shift in attitudes. Advocating for those with mental illness can enhance quality of life for vulnerable patient groups.

Ataque De Nervios: A Case Report

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Aims. Ataque de nervios is a culture-bound syndrome among individuals of Latin descent.The case study presents an ataque de nervios case triggered by unique stressors in a transgender female of Mexican origin. This case also highlights the critical features of ataque de nervios, and discusses the challenges in diagnosis, classification and management.

Methods. 47-year-old transgender (male to female) woman was admitted to an acute female inpatient unit following a presentation of erratic behaviour and a collapse episode under mental health act. During her observation and assessment period, multiple ataque episodes were observed with characteristic features triggered by gender phobic comments. After ruling out the organic causes and ruling out other differentials, she was diagnosed with ataque de nervios. She completed her treatment and continues to remain on remission.

Results. The case presents a rather recognized presentation of ataque de nervios, however, the unique triggers rooted from her gender identity are more relevant to the current 21st century social context which is also an important ongoing discussion topic in psychiatry. The themes are also good presentation of the evolving psychosocial context of the specialty.

Conclusion. Further study is needed to examine the relationship between ataque de nervios and gender identity, as well as the relationship to cultural, demographic, environmental, and personality factors.

Behavioural Changes in a Patient With Schizoaffective Disorder

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Background:. A 46-year-old man has a diagnosis of schizoaffective disorder complained of intermittent abdominal pain for many years. Due to this, he had been reviewed by the GP and he was prescribed medication to help with his intermittent abdominal pain.

Case Report:. Over the years the abdominal pain gradually worsened. He also has communication issues due to language barriers and was unsettled for most of his assessment.

His past medical history includes a duodenal ulcer, infected swollen legs and recurrent urinary tract infections.

He continued to have pyrexia despite being on regular paracetamol. Following his second episode of pyrexia, he was referred to the hospital for further investigation.

This was found to be acute acalculus cholecystitis, with possible cholecystocolic fistula and pneumonia. He was managed conservatively with intravenous antibiotics and is awaiting cholecystectomy.

Discussion:. Behavioural change in people with mental illness need not necessarily be linked to their mental state as it can very well be the atypical manifestation of physical illnesses- some of which could be fatal. Prompt recognition and referral to acute medical or surgical services is essential. Staff need training in bias, diagnostic overshadowing and atypical presentations in those with mental illness which will help reduce rates of avoidable morbidity and premature mortality.

In any case physical illnesses may not present typically. Acalculous cholecystitis is a rare type of gall bladder inflammation and the cause in Mr X's case is not clear. At times of COVID-19, with the anxieties around exposure to hospitals and infections, it is important to be aware of this and ensure that people with worrying physical symptoms are promptly referred whether or not it is considered to be related to COVID-19.

Conclusion. Due to the pandemic, we were cautious on the ward and community about COVID-19 and preventing catching and spreading the infection. During all this, patients change of behaviour shouldn't be alluded to deterioration of mental health and mental health professionals should also consider ruling out physical causes for the change of presentation.

"Life, Interrupted": A Patient Experience Encompassing the Journey From Hospital to the Community, With Support From the Mental Health Intensive Support Team (MhIST)

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Aims. We present outcomes of a newly developed Community Rehabilitation team (MhIST) using the context of Jen's personal story. Jen is a 31-year-old student and freelance journalist. This story encompasses her journey from inpatient rehabilitation services to the community, completed with support from MhIST.

Methods. "For nearly four years, I was sectioned under the Mental Health Act as an inpatient in hospital. As I had been denied my fundamental liberties for so long, the prospect of leaving hospital for good and enjoying total freedom was both exhilarating and terrifying. How would I fare in the community, living on my own? Would I be lonely? Would I relapse? Would I survive?"

Upon leaving hospital, I immediately received intensive support from MhIST. They were the bridge between the gulf that was hospital and the community. Since leaving hospital, I have been relishing my freedom. I enjoy meeting up with my friends after so long apart. I have volunteered at The Storyhouse, a local arts venue. The Spider Project – a non-clinical community mental health service in Chester - has also provided me with fulfilling activities from yoga to creative writing. The MHIST team have not only kept me well but, most importantly, helped me thrive. Leaving hospital has been an adventure. It has been a joy to regain my independence and freedom. To live rather than to exist. Life is amazing. Long may it continue."

Results. MhIST provides an intensive rehabilitation and recovery service, delivering bespoke packages of care to individuals. This is achieved using key working and a shared team approach, outcome

focused goal-based interventions, weekly reflective/formulation meetings, and a focus on social rehabilitation. Patients referred to MhIST will have a high level of complexity plus severe, treatment refractory symptoms, with impaired social, interpersonal and occupational function and high support needs. They may have co-occurring mental health conditions including substance misuse or neurodevelopmental disorders.

MhIST is a new service and has been active for around 6 months. The first 10 patients referred have been from acute wards (3), community mental health teams (1), and inpatient rehabilitation wards (6). 60% of patients are currently housed in independent accommodation.

Conclusion. Jen's story narrates the experience she encountered during transition from inpatient rehabilitation services to the community. This was completed with support from MhIST, a new community rehabilitation service which provides an intensive rehabilitation and recovery service.

Clozapine for Treatment Resistant Aggression in Autism

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Aims. The National Institute for Health and Care Excellence (NICE) guidance on the management of behaviour that challenges in autism, is that medication should be considered when psychosocial or other interventions cannot be delivered because of the severity of the behaviour. In our experience of working in Secure and Specialist Learning Disability, there are also times when challenging behaviour continues despite non-pharmacological interventions being optimised. There is (limited) evidence that clozapine should be considered for the management of aggression in patients with autism not improved by first-line antipsychotic drugs.

Methods. We present two cases of female patients with autism and learning disability, both of whom had been detained for a long period under the Mental Health Act 1983. Both continued to present with significant aggression despite non-pharmacological treatment being optimised. The aggression did not respond to first-line antipsychotic drugs, nor other psychotropic medication. They were started on clozapine.

In the first case, that of a 32-year-old, aggressive incidents reduced from a mean of 15 per month to 5 per month. The use of physical restraint reduced from 10 episodes per month to 5 per month. Staff reported that aggression was less severe than previously. Due to the improvement, the patient began having access to escorted community leave.

In the second case, that of a 31-year-old, incidents of aggression requiring floor restraint reduced from a mean of 30 episodes per month to 15 per month. The average monthly duration of restraint reduced from 29.5 minutes to 18.5 minutes. Although difficult to quantify, the staff team consistently reported that her level of arousal at times of incidents was less. Her engagement levels also increased. She became more tolerant of people being in her living space and actively sought out contact with staff.

Results. Clozapine resulted in a reduction in aggression and arguably, improved quality of life, for the two patients described. We make recommendations on when clozapine could be considered for treatment resistant aggression in autism and what should be done before this. We also provide guidance on how a therapeutic trial should be conducted, in line with Stopping Over Medication of People with a Learning Disability, autism or both with psychotropic medicines (STOMP-LD).

Conclusion. It is reasonable to consider clozapine for aggression in autism when all other interventions have failed. It may result in meaningful change and improved quality of life.

Service Evaluation

Response to Perinatal Psychosis in West Essex During COVID-19 Pandemic

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Aims. The aim of this audit is to look at the presentation of women who were pregnant or less than one-year post-partum presenting with psychotic symptoms in the A&E Department, general hospital and calls to crisis line, particularly with the fact that the pandemic impact remains on the nation. Our aim was to ensure that all referred patients were assessed within the first 24 hours, all the assessments were completed face-to-face, a biopsychosocial assessment was completed for each patient and an outcome was agreed on and clearly documented in the notes.

Methods. All referrals to West Essex access and assessment team from the A&E department, the general hospital and calls logged to crisis line were included. Data were collected prospectively over a six-month period from mid-November 2020 to mid-April 2021. For the purpose of this audit, an identification form was designed and disseminated to access and assessment and crisis teams to identify illegible patients. Our data collectors then used the main audit tool to gather the data.

Results. In total, our sample included sixteen patients who met our criteria over the six months period. There was only one patient who was out of area. Most of the patients were of white British ethnicity (ten out of sixteen) and other six patients were five white other and one of Asian origin. The mean maternal age in our sample was 27.3 years old and the majority of the referrals came from the labour ward in Princess Alexandra hospital (57%). The two main outcomes of our audit were to check the response time and the way the initial assessment was carried over. Our results show that the team responded to all referrals on the same day with no delays. All the assessments were carried out in a face-to-face fashion in the general hospital apart from one assessment that came through the crisis line and this was carried out in the patient's home.

Conclusion. From our data we can identify that the access and assessment team met the standards we set for this audit. This fulfills the recommendations of MBRRACE-report and the RCPsych. One of our recommendations was to provide educational sessions to the emergency department in the general hospital to raise awareness on psychotic presentation during perinatal period.

Adult ADHD Patients in Community Mental Health Teams – an Unmet Need

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