

psychiatric inpatients. We explored current practice of HAT prevention in English psychiatric inpatients.

Methods. A Freedom of Information Act (FOI) request was sent to all 71 English mental health trusts, asking whether there was a Venous Thromboembolism (VTE) policy, whether a VTE risk assessment tool was being used, what is looked like, and the incidence of HAT in their psychiatric inpatients i.e., VTE during admission or occurring up to 90 days post discharge.

Results. We received 54 unique responses (76%) to the FOI. Of these, 36 (86%) shared their VTE policy, 26 (72%) of which had been adapted for this population; 38 (90%) shared their VTE risk assessment tool, of which 17 (45%) were adapted from the Department of Health VTE risk assessment tool.

Only five trusts out of 42 (12%) monitored VTE events up to 90 days post-discharge and 4 of these shared their monitoring policy. Only 18 (43%) were able to provide data on the number of psychiatric patients diagnosed with a VTE during their stay and up to 90 days post discharge between February 2016–2021, 6 (14%) said they would incur costs to collect this data and 9 (21%) were unable to access this data. Where information was provided, the number of HAT events ranged from 0–224 within each trust. Of the 18 trusts who provided data, a total of 514 events were recorded between Feb 2016–Feb 2021, but none of the trusts were able to confirm if this included VTE events up to 90 days post discharge.

Conclusion. Our FOI survey suggest a high incidence of VTE in psychiatric patients and indicate wide variation in HAT prevention in English hospitalised psychiatric patients. Most had a VTE Trusts had a policy in place, with 45% having a VTE risk assessment tool that listed risk factors unique to psychiatric patients, adapting VTE risk assessment tools in this way may lead to a greater use of thromboprophylaxis. The lack of access to data on HAT by mental health trusts is concerning. Further research is required to understand the rates of VTE, validate a VTE risk assessment tool and conduct trials looking at the benefit of thromboprophylaxis in psychiatric inpatients.

The SSRI Clinic: Improving SSRI Prescribing Safety in Outpatient CAMHS Clinic

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Aims. Within a multidisciplinary team of medical and non medical prescribers the aim of this project was to improve SSRI prescribing safety by 30% by June 2022. This was with view to enhance prescribing provision across the trust.

Methods. Multiple methods were done to improve staffs perception of safety. Criteria were set out in keeping with NICE guidance, RCPsych and BAP guidance on prescribing. Psychoeducation and focus groups were held to gauge colleagues thoughts on SSRI prescribing. This was along with pulse surveys.

An SSRI clinic was set up, with referral pathway, protocol for referral and staff clinics for reviews and new prescribing. This was to improve prescribing safety.

Health promotion leaflets were also made for the clinic in terms of non pharmacological methods to improve mental health.

Results. Improved staff safety from a Good (3) to Excellent (5).

Established SSRI clinic which will be spread trust wide to the other clinics.

Better monitoring and education of SSRIs.

Health promotion benefits.

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Evaluating a Pilot Group Based Mental Health Promotion Programme Adapted for Young People With Intellectual Disabilities: The “Healthy Me” Programme

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Aims. A mental health promotion programme called ‘Healthy Me’, was a collaboration between Action Mental Health (AMH) MensSana, Child and Adolescent Mental Health Services (CAMHS) in the Southern Health and Social Care Trust and the Royal College of Psychiatry (RCPsych) in Northern Ireland in 2014. Adapting ‘Healthy Me’ for delivery in special schools was recommended in evaluation of this pilot programme. A co-produced pilot adapted ‘healthy me’ programme, for young people with ID was taken forward by Action Mental Health (AMH) MensSana and Intellectual Disability Child and Adolescent Mental Health Service (ID CAMHS) in the Southern Health and Social Care Trust (SHSCT). To determine the feasibility of adaptation and delivery of the programme for the needs of the ID population. To inform changes to be made before wider roll-out. To promote children’s social and emotional well-being and emotional literacy through the teaching of problem-solving, coping skills, conflict management and managing feelings. To evaluate the effectiveness of this intervention with children being able to retain learning, information and ideas.

Methods. Evaluation

- Pre programme quiz July 2021 (young people)
- Post session 1–5 quizzes (young people)
- Post programme quiz October 2021 (young people)
- Simple visual blob tree (young people)

Outcome Measures

- Pre programme initial outcome measure (parent) The Mood, Interest and Pleasure Questionnaire-short form (MIPQ-S) July 2021
- Pre programme initial outcome measure (parent) non standardised, based on the strength and difficulties questionnaire (SDQ) and the Child and Youth Resilience Measure-Revised Person Most Knowledgeable version (PMK-CYRM-R) July 2021
- Post programme repeated outcome measure (parent) MIPQ-S October 2021
- Post programme repeated outcome measure (parent) Based on SDQ & PMK-CYRM-R October 2021

Results. Six participants identified at outset and four attended and engaged consistently, young people aged between 14 and 17 years. Participants were supported 1:1 to fill in a simple evaluation forms after sessions rating their enjoyment and what they had learnt. Repeating the MIPQ-S with parents highlighted

some improved scores indicating positive affect and elevated interest and pleasure.

Conclusion. The programme will be offered to in the next stage of the pilot to Special Schools in NI. It is hoped to show that similar positive gains can be made in the school settings for children and young people with intellectual disability in terms of promoting positive mental health and social and emotional well-being.

7 Day Follow-Up Arrangements Following Discharge From Psychiatric Hospital; How Do We Perform?

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Aims. The first 7 days following discharge from inpatient to community psychiatric services is a period that is associated with an increased risk of suicide. NICE Guideline 53 recommends that patients discharged from inpatient psychiatric services should be reviewed by relevant community services within 7 days. We aim to determine how different teams in NHS Lothian performed in meeting this recommendation, and to ascertain the outcome of a specific intervention in North-West Edinburgh (NW).

Methods. We collected data of NW, North-East (NE), South-West (SW), South-East (SE) Edinburgh, East Lothian and Midlothian patients discharged from General Adult Psychiatry wards in the Royal Edinburgh Hospital for the calendar year of 2021. East and Midlothian were used as a comparison to Edinburgh services as the former have an integrated inpatient and community team.

The data focused on the percentage of patients followed-up within 7 days of discharge. We also collected data for all NW CMHT patients discharged between January 2018 and November 2021 to analyse the intervention of using 'Estimated Discharge Dates' in ward rounds implemented in June 2020. Data were collected from NHS Lothian Analytical Services and anonymised in line with NHS Information Governance Policy.

Furthermore, qualitative data were collected anonymously from staff within NHS Lothian in the form of an online questionnaire to ascertain strengths and weaknesses of the current systems.

Results. Over the calendar year of 2021, 1,398 patients were discharged. The average age was 41 years old.

Regarding percentage of patients receiving 7 day follow-up, East Lothian (n = 191/249; 76.7%) and Midlothian (n = 95/122; 77.9%) performed better than Edinburgh services; NW (n = 173/268; 64.6%), NE (n = 172/301, 57.1%), SW (n = 155/247, 62.8%), SE (n = 123/211; 58.3%).

The intervention in NW in June 2020 did not have a significant impact on 7 day follow-up.

The questionnaire identified difficulties in transitions from inpatient to community care, particularly communication between teams.

Conclusion. The performance of East and Midlothian versus Edinburgh services is interesting given their integrated model. This appears to support the findings of the questionnaire.

The lack of impact of the intervention in NW will need explored further with the team to identify difficulties.

Rather than complete service remodelling, perhaps moving towards a more integrated approach such as allocated discharge-coordinating community and inpatient nurses would be worthwhile. We will involve the NHS Lothian Quality Improvement team in exploring this to improve patient outcomes.

INSIGHT: Evaluation of the Year Four Psychological Medicine Student Placements at HMP Berwyn, North Wales

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Aims. Background: Although social determinants of health (SDOH) are to some extent incorporated within preclinical medical education, little validated educational methodology exists to provide guidance on how to integrate teaching about SDOH within the competency-based training of medical students' clinical years. This is potentially important. The COVID-19 pandemic has highlighted the importance of SDOH, and social determinants have become topical, with increasing discussion in journals about equity, inequality, and sustainability. Sir Michael Marmot's 2020 review has highlighted these issues. Consequently, the evaluation of medical students' experience of prison placements is an interesting area to investigate. This will help us to explore their understanding of SDOH, and implications of gained knowledge for their future practice. **Aims:** This study explores changes in year four psychological medicine students' knowledge and attitude towards SDOH during prison placements. **Methods.** A mixed-methods study between Sep 2021 to Apr 2022 recruiting all year four medical students on their psychiatry placement in North Wales. Data collection involves baseline and mid-placement questionnaires and end-of-placement individual interviews to explore their understanding of SDOH.

Thematic analysis will be used to describe students' reflection on placement satisfaction; explore impacts on trainee doctors and supporting staff; make suggestions to improve placement structure in the future; and evaluate the utility of placements in prison.

Results. Data collection is in progress. However, early indications suggest that students view these placements favourably and find them a helpful learning experience. Preliminary results will be reported at the conference.

Conclusion. We are hopeful that this evaluation will suggest a way forward to raise awareness about SDOH during clinical placements and will give these students confidence in working with socially excluded populations in the future.

Implication for practise, policy and research. Findings of this study may provide exploration of means of capacity building and training with improved knowledge of the SDOH in partnership between the medical school, the local health board and the prison.

We have developed systems and processes to raise awareness of social factors to be considered by medical students in their future practice. These can guide further development of such placements at HMP Berwyn and in other prisons.

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