

audit, none of the patients on HDAT had documented consideration of Clozapine. Three of the four patients were soon to be no longer subject to HDAT which may explain this result. Compared to the Trust's HDAT audit in 2020, the percentage of patients on combination antipsychotic therapy has stayed largely the same - 16.3% compared to 17.4%. The Trust needs to strive to continue minimal HDAT prescriptions and ensure that, in those patients subject to HDAT, there is consideration of and documentation of Clozapine being considered.

Changing Patient Profile in a Psychiatric Hospital During COVID Pandemic: A Comparison With Pre-COVID State

Dr Nilamadhab Kar and Dr Stephen Amarjeet Jiwanmall*

Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.395

Aims. COVID-19 pandemic has a massively adverse mental health impact and people with pre-existing psychiatric illnesses are one of the most severely affected groups. We intended to study the changes in the patient profile in a psychiatric hospital during the COVID-19 pandemic, comparing it to the period just before the pandemic.

Methods. Consecutive patients (n = 210) admitted to psychiatric ward under one team during COVID-19 pandemic (February 2020 to January 2022) were compared with patients (n = 234) admitted in the immediate pre-pandemic period (January 2017 to January 2020). Demographic (age, gender, and ethnicity) and clinical variables (diagnosis, admission days, Mental Health Act status, risk to self and others) were collected from the electronic patient records and analysed.

Results. During the pandemic monthly admission rates have gone up by 38.1% over the base rate of 6.32/month. There was no difference in the mean age at admission; or the proportion of patients aged 18–40 years or above in the pre-pandemic and pandemic groups. Similarly the gender composition of patients in the two periods was comparable. Proportion of patients from Asian background increased from 7.7% to 16.8% during pandemic period ($p < 0.05$). The number of hospital days decreased from 31.97 ± 45.8 days in the pre-pandemic period to 22.44 ± 25.1 days during pandemic ($p < 0.05$). Along with increased admission rates, it suggested a rapid flow of the admission and discharge during the pandemic. Considering diagnostic composition between pre-COVID-19 and COVID-19 periods, psychotic (27.8% v 26.7%) and mood disorders (18.8% v 23.3%) were the predominant; and substance related disorders (20.5% v 16.7%) were the most common comorbidities. Risk to self was associated with 84.3% admissions during the pandemic compared to 78.6% in the pre-pandemic period; however, risk to others was noted in 13.8% v 22.2% ($p < 0.01$) respectively. There was no difference in proportions getting admitted under Mental Health Act or being discharged with Community Treatment Order. Interestingly, proportions of patients getting discharged under the care of Home Treatment Team decreased from 31.1% pre-pandemic to 16.5% during pandemic period ($p < 0.005$).

Conclusion. There is an increase in admission rate and decrease in the number of admission days, suggestive of increased demand of clinical resources during pandemic. This could be reflective of the stressful situation and adverse impact on mental health in the pandemic period. As the impact on mental health is expected to continue, there is a need for greater resources both in community and inpatient psychiatric services.

A Service Evaluation of the National High Secure Deaf In-Reach Service

Dr Gurpreet Kaler*

Rampton Hospital, Retford, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.396

Aims. The National High Secure Deaf Service at Rampton Hospital provides inpatient assessment, treatment and rehabilitation for D/deaf* males living with a range of difficulties including complex responses to trauma, mental health difficulties and/or learning disabilities. In 2011, the Deaf Prison In-Reach Service was established in conjunction with Yorkshire Specialist Commissioning Group and Nottinghamshire NHS Trust aiming to provide specialist support to D/deaf prisoners. * 'D' = Deafness as a culture, 'd' = deafness as a medical disability.

Methods. The team evaluated the service to raise awareness of the specific needs of D/deaf prisoners by identifying and describing characteristics, demographics, trends and patterns within existing data as well as highlighting the nature of offences, prevalence of trauma and length of time over tariff. A secondary aim was to identify areas for development to adequately meet the needs of D/deaf prisoners.

Results. After reviewing data for 29 prisoners (female = 3, male = 26), the most common source of support offered by the DPRIS was signposting (over 50%), followed by direct individual work (with nursing or psychology), assessment and consultancy.

Since 2011, the DPRIS has assessed 30 individuals and completed over 717 prison visits for assessments and interventions. Whilst this has been acknowledged as a small number, it has been attributed to the difficulties locating D/deaf prisoners and lack of awareness regarding the DPRIS. Currently, referrals to the DPRIS come from prison healthcare staff, but this fails to address the wider specialist needs of this population: basic communication needs, occupational needs and risk reduction work. It also excludes individuals unknown to healthcare.

Direct engagement with the DPRIS included: focused risk reduction work, anger management, mental health monitoring, and 1:1 psychology work. Prior to involvement from the DPRIS, five individuals declined to engage in prison therapy. With support from the DPRIS, two were transferred to more appropriate placements, one was recommended for transfer (not transferred) and one received mental health monitoring (nursing). One continued to decline which could be attributed to potential (lack of) motivation/readiness.

This evaluation supports the need for specialist interventions to ensure equitable access to recovery and rehabilitation.

Conclusion. What Next?

It is hoped that the unique needs of this population will be communicated amongst professionals and steps will be made to address these as previously recommended in reports from the BDA (2016) and the Howard League.

Homophobic Abuse & LGBTQ+ Well-being in the Acute Psychiatric Setting

Dr Edward Kane*, Dr Miranda Lloyd, Dr Maeve Malley and Dr Thomas Fox

Oxleas NHS Foundation Trust, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.397

Aims. Homosexuality was declassified as a mental illness in 1973 however LGBTQ+ (lesbian, gay, bisexual, transgender, queer

inclusive) service users still face discrimination within modern mental health services. This project assessed homophobia and LGBTQ+ abuse among service users on an acute male psychiatric ward. Our aims were to quantify the incidence of abuse, to explore staff attitudes toward LGBTQ+ abuse and to identify targets to improve LGBTQ+ service users' experience. We hypothesised that incidents of abuse are common and not always challenged or escalated using appropriate channels.

Methods. Using a mixed methods approach we explored staff perceptions of LGBTQ+ abuse: quantitative data were generated from a questionnaire survey and qualitative data from a focus group.

Rates of homophobic incidents were assessed by analysing clinical documentation from two inpatient samples ($n = 20$), covering 2020–21 and 2021–22.

Results. Analysis of clinical documentation found three incidents from the 2020–21 sample and two from 2021–22; only one of these was reported via DATIX.

The survey captured the views of the ward team including nurses, healthcare assistants (HCAs), doctors and psychologists (response $n = 13$). Staff attitudes towards LGBTQ+ were rated as “positive” by 77% of responders and “neutral” by 23%; 100% stated it was their professional duty to respect and protect LGBTQ+ clients. Almost two-thirds (62%) had witnessed homophobia on the ward however a similar proportion (61%) had never directly challenged homophobia. Whilst all staff felt able to care for LGBTQ+ clients, and all were familiar with key LGBTQ+ terminology, only 50% felt they had received adequate training to fully support LGBTQ+ clients.

The focus group identified a nursing “lead” for LGBTQ+ issues and agreed to incorporate a “diversity statement” into ward admission rules. LGBTQ+ visibility measures were promoted including LGBTQ+ posters across the ward and staff uptake of the Rainbow Badge Initiative.

Conclusion. Our findings suggest homophobia is prevalent in the male inpatient psychiatric setting and management is suboptimal. Enhanced LGBTQ+ training is required to support staff to challenge every homophobic incident and escalate appropriately.

Simple steps to increase LGBTQ+ visibility are feasible and popular among staff. Future work should assess the impact of such interventions, however measuring change may be hampered by underreporting.

Further evaluations are needed to assess female wards and patient perspectives to build a full picture of inpatient LGBTQ+ abuse.

One Year On: Evaluation of the Cambridgeshire and Peterborough Staff Mental Health Service, a Bespoke Mental Health Clinic for Healthcare Workers

Dr Muzaffer Kaser^{1,2*}, Dr Theodora Karadaki¹, Dr Zoe Martin¹ and Dr Cathy Walsh¹

¹Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, United Kingdom and ²Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.398

Aims. The Staff Mental Health Service (SMHS) at the Cambridgeshire and Peterborough NHS Foundation Trust is a multidisciplinary team providing rapid access assessments and treatments to NHS staff in all roles. The service was launched in September 2020 and obtained recurrent funding in 2021. Previously we reported initial clinical findings from the service suggesting high rates of moderate to severe depression, anxiety,

and post-traumatic stress symptoms (Kaser et al. 2021). In this report, we present the clinical and demographic findings, and post-treatment outcomes from the first-year evaluation of the SMHS.

Methods. Demographic and clinical data were collected as part of service evaluation at the SMHS. Depression, anxiety, and post-traumatic stress symptoms were evaluated by Patient Health Questionnaire (PHQ-9), Generalised Anxiety Disorder Assessment (GAD-7), and Posttraumatic Symptom Checklist – Civilian Version (PCL-C). Non-parametric Wilcoxon rank test was used to compare pre- and post-treatment symptom scores.

Results. The service received 515 referrals in the first year. 39.6% of the patients were off work at the time of the referral. 81.2% patients were female and 75.3% were of white ethnicity. Median time from referral to assessment was 14 days. According to the clinical data ($n = 320$), 85.3% of the patients had moderate to severe depressive symptoms (mean PHQ-9: 16.25 ± 6.1), and 80.9% of the patients had moderate to severe levels of anxiety symptoms (mean GAD-7: 13.62 ± 4.7). Staff patients endorsed high levels of traumatic stress with 82.5% scoring higher than the established cut-off (PCL-C > 14) (PCL-C mean score: 19.14 ± 5.7). Analyses from patients completing treatment at the service showed significant improvements in depression ($Z = -3.38$, $p = 0.001$), anxiety ($Z = -4.09$, $p < 0.001$), and PTSD symptoms ($Z = -4.99$, $p < 0.001$).

Conclusion. The Staff Mental Health Service had a persistent noticeable demand in its first year corresponding to two percent of the total workforce of the local trusts. Healthcare workers presenting to the service had high rates of moderate to severe depression, anxiety, and PTSD symptoms. Multidisciplinary treatment at the SMHS led to significant improvements in psychiatric symptoms. A health economics analysis of the service is currently underway.

Prevalence and Comparison of the Profile of Patients Who Did Not Attend (DNA) Their Appointments Through Face-Face, Pre-Pandemic vs. Telephonic Consultations, Pandemic at the Complex Care Service-South, Wolverhampton - a Service Evaluation

Dr Pooja Kuppili^{1*}, Dr Jeyagajani Jeyathan², Dr Nwamaka Odogwu³, Dr Amina Rashid³ and Dr Susmit Roy³

¹Berkshire Healthcare NHS Foundation Trust, Reading, United Kingdom; ²The Royal Wolverhampton NHS Trust, Wolverhampton, United Kingdom and ³Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.399

Aims. Patients who do not attend the appointments (DNA) pose a significant financial burden on the health care system. During the COVID-19 pandemic, there has been a shift from face-face to telephonic consultations. Our hypothesis was that pandemic can affect the prevalence of profile of clients who DNA. With this background, the aim of the current service evaluation was to assess the prevalence and profile of patients who did not attend their appointments through face-face consultation and telephonic consultations at the Complex care service south [CCS-South], Wolverhampton over a period of one year.

Methods. Retrospective evaluation of records of DNA appointments at CCS- South, Wolverhampton of Face-face appointments during March 17th 2019- March 16th 2020 [Pre-pandemic group] and telephonic consultations during March 17th 2020 - March 16th 2021 [pandemic group] was done. Prevalence of DNA was