

Results. Each lifestyle factor should have been checked at each appointment and interventions offered where appropriate. In each assessment an intervention could have been offered following identification of a modifiable factor. No factor was assessed at every opportunity. Only 2 interventions (4%) were offered. Targeted Medication Monitoring Clinics (MMC) did not perform better than Outpatient Follow-up Clinics (OPA), OPA offered more interventions. These findings were consistent across all grades of practitioner and diagnoses.

Conclusion. Assessment of modifiable risk factors was not performed at each assessment, and where interventions were appropriate, they were rarely offered. This was a universal issue across the team, and in spite of specialised clinics, or high risk disorders, there was substandard physical health management. Therefore, opportunities to modify risk of physical disease, or improve treatment of the underlying psychiatric disorder are being missed. This is troublesome as community psychiatry often has the space, time, and rapport with patients to explore these issues, furthermore, many psychiatric treatments carry the burden of increased risk of morbidity and mortality. Consequently, the onus should be upon us to manage these risks and improve patient health through simple, short interventions and timely signposting and referrals.

Detentions in BSMHFT (Birmingham and Solihull Mental Health Foundation NHS Trust) - Covering the Birmingham and Solihull Geographical Area Under the Mental Health Act Between 2018 to 2021

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doi: 10.1192/bjo.2022.393

Aims. To continue to monitor trends in detentions under the Mental Health Act based on race, age, gender, and sexuality during the COVID-19 Pandemic to consider if there were any specific areas that would need to be addressed.

Methods. We investigated available mental health detention documents stored in mental health legislative office, Birmingham and Solihull mental health foundation NHS Trust.

Results. We found that detentions under Section 3 of the Mental Health Act have increased very gradually over the last three years (2018 to 2021). However, there has been gradual reduction in detentions under Section 3 within the white population beginning in 2019 and continuing with a marked acceleration in reduction during the two peaks of the pandemic. This is marked in the 66yrs plus age group. As the pandemic has eased this reduction has stopped and reversed with increased section 3 admissions in last few months in this population. The detentions in the black and Asian population have followed a reverse pattern, with marked increase during the pandemic peaks in 2020/2021 and a marked fall as the pandemic has eased.

Conclusion.

1. Mental health act detention data during the Pandemic shows that the pandemic has disproportionality impacted black and Asian population of all ages and Elderly white population.
2. During the pandemic there has been a marked increase in detentions under Section 3 of the Mental Health Act (for treatment) in the Black and Asian population with a marked reduction in the white population. This difference is stark in the working age population.
3. This highlights:

- a. The need for a well-functioning community based health and social care offer to reduce detentions in the black and Asian population.
 - b. Return of admissions under the mental health act of white elderly post vaccination (which are vast majority white) shows a reversal of the trend of this group not accessing inpatient treatment fully during the pandemic.
4. Community Treatment Order (CTO) detentions in the Black and Asian population continue to increase through the pandemic disproportionately
 5. There is no material change during the pandemic, in short term detentions (section 2, 5(2)) or other inpatient detentions under the Mental health act
 6. There are no significant trend changes noted based on gender or sexuality or age during the pandemic in BSMHFT (Birmingham and Solihull mental health foundation NHS Trust).

An Evaluation of the Prescribing of High Dose Antipsychotic Therapy and Combination Antipsychotic Therapy to Inpatients on the General Adult Wards of Mersey Care NHS Foundation Trust

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doi: 10.1192/bjo.2022.394

Aims. High dose antipsychotic therapy (HDAT) is defined as “a total daily dose of a single antipsychotic which exceeds the upper limit stated in the SPC or BNF or a total daily dose of two or more antipsychotics exceeding the SPC or BNF maximum using the percentage method. Previous audits have looked at HDAT on both a national level (the Prescribing Observatory for Mental Health) and within Mersey Care NHS Foundation Trust. This audit aimed to identify the proportion of patients subject to HDAT and review combination antipsychotic strategies and consideration of Clozapine in patients subject to HDAT.

Methods. In August 2021, data were collected from the eight inpatient wards in Mersey Care NHS Foundation Trust. This involved using the Electronic Prescription and Administration system to identify those prescribed antipsychotics. Following this, the patient’s electronic record was scrutinised for documentation of the rationale for HDAT, combination antipsychotics and consideration of Clozapine.

Results. 129 inpatients were identified as being prescribed antipsychotic medication. 21 (16.3%) patients were prescribed combination antipsychotic therapy, with four of these patients (3.1%) being prescribed HDAT. For these four HDAT patients, there was no recorded documentation of discussion of the option of Clozapine. The most common antipsychotic combination was Paliperidone depot with oral Risperidone. 38 out of 129 (29.5%) patients had been considered for Clozapine. Reasons for Clozapine being refused included the patient declining, concerns about non-concordance with oral medication, patients having had a neutropenia on an FBC, the patient being reluctant to have regular blood tests and a patient’s comorbidities.

Conclusion. When comparing the proportion of patients subject to HDAT (3.1%) to the previous Trust audit in December 2020 (9.1%), there is a recurrent theme that antipsychotic prescribing practice in Mersey Care is safe, with minimal HDAT. Of note, the figure is significantly lower than the proportion of HDAT patients identified in the 2012 national study (28%). In this