

The majority (73.0%) of patients had a known psychiatric diagnosis, with the most frequent being depressive disorder (36.0%) and emotionally unstable personality disorder (15.0%). Almost half (48.0%) had a history of self-harm, and 40.0% were under the influence of alcohol/illicit substances upon presentation to ED. The most common psychosocial triggers were conflict with partner (26.0%) and stress due to the COVID-19 pandemic (19.0%).

Following assessment, 24.0% of patients were discharged to their General Practitioner, 18.0% to the community mental health team; and 17.0% to the Crisis & Home Treatment Team. A minority (13.0%) were admitted to a psychiatric hospital (10.0% informally, 3.0% under the Mental Health Act 1983).

Approximately one in five (21.0%) patients re-attended to MHLS within 3 months. Out of 37 patients that had previously been assessed by MHLS in the preceding 12 months; 37.8% were reassessed within 3 months ($p < 0.01$).

Conclusion. In the studied sample, most (90%) of psychiatric patients attended ED for self-harm or suicide, and a significant proportion had repeat attendance. Socioeconomic deprivation, substance misuse, relationship difficulties and stress due to the COVID-19 pandemic were major issues, alongside diagnosed depression and personality disorder. Focussed support for these issues may decrease ED attendance due to self-harm/suicidality.

A description of the use of zuclopenthixol decanoate long-acting injection in a large mental health trust

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doi: 10.1192/bjo.2021.891

Aims. Adherence with antipsychotic medication is an important factor in the prevention of relapse in psychotic disorders such as schizophrenia. Long acting antipsychotic injections promote improved adherence. In recent years, second generation antipsychotic long-acting injections have become increasingly popular, and little has been written about the use of the older depot medications. Here, we explore the current use of one of the first-generation antipsychotic long acting injections in Birmingham and Solihull Mental Health NHS Foundation Trust.

Method. An 18-month retrospective case-note review of all patients who started zuclopenthixol decanoate during the first 6 months of 2018 ($n = 45$)

Result. Key findings included: -

- 71% were male
- The mean age was 37 (range 19-65)
- The most common diagnoses were: schizophrenia (51%), bipolar affective disorder (18%) and schizoaffective disorder (13%). We noted that 2 individuals (4%) had a primary diagnosis of recurrent depressive disorder, 2 (4%) had a primary diagnosis of emotionally unstable personality disorder.
- 60% of those who were prescribed zuclopenthixol decanoate discontinued it within the 18-month follow-up period.
- The vast majority of discontinuation occurred within the first 6 months, and after this, few individuals stopped treatment.
- The most common reason for discontinuation was side effects (57%), with other reasons including patient choice (7%), non-compliance (7%), pregnancy (4%), or needle phobia (4%).

Conclusion. Zuclopenthixol decanoate has been used for individuals with both schizophrenia and paranoid psychosis (where it

is licenced) and also occasionally for other indications. A high proportion discontinued the zuclopenthixol within 6 months, this generally being attributed to adverse effects. Those who were still receiving this medication at 6 months were very likely to continue to take it throughout the 18 months. We would therefore recommend robust monitoring for and management of adverse effects in the early phases of treatment.

The clinical complexity of cases of schizophrenia in a community mental health team: a 3 year comparison

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doi: 10.1192/bjo.2021.892

Aims. To describe the changes in complexity and management of individuals with schizophrenia in a community mental health team (CMHT) over a three year period.

Background. It is often believed that individuals receiving care from CMHTs are those with low levels of complexity and risk, and are relatively stable, with more complex individuals being managed by assertive outreach or other specialist teams. Here, we describe changes in the complexity, comorbidity, service-usage and management, of patients with a diagnosis of schizophrenia in a CMHT between 2016 and 2019.

Method. Data were collected from an electronic patient record system (RiO) for all individuals with schizophrenia in a CMHT in Birmingham ($n = 84$ in 2016, $n = 71$ in 2019), examining demographic variables, comorbidity, use of mental health services and current management.

Result. Key findings included: -

- 63% were managed through care programme approach (CPA) in 2016, compared to only 31% in 2019.
- 21% had required home treatment or inpatient care in the preceding 12 months in 2016; this had improved to 8.5% in 2019.
- Significant levels of psychiatric comorbidity, including addictions with almost half of patients (46.5%) having a known history of substance use in 2019, compared to only 15.5% noted in 2016.
- Pharmacological management has remained broadly similar; in 2016 21% patients were taking a combination of 2 antipsychotics compared to only 10% in 2019 and 25% were taking clozapine in 2016 (21% in 2019). 39% were prescribed a long acting antipsychotic injection in 2016, compared to 32% in 2019.
- In 2016, medication was being prescribed in the majority of cases within secondary care (55%) patients and in primary care in only 21%. GPs have now taken on greater prescribing responsibility in 2019, prescribing in 44% of cases, with 47% being prescribed by the CMHT.

Conclusion. The acuity and management of individuals with a diagnosis of schizophrenia under the care of a CMHT has changed over a 3 year period. It is positive to note the reduced use of crisis services and lower rates of polypharmacy. There is a reduction in the proportion of patients receiving management through CPA, and a move towards more medication being prescribed in primary care. The reasons for this change are however unclear and may reflect change in available resources, given that more than half of this group receive clozapine or long acting injections, and have high levels of comorbidity.

Reducing the use of high dose antipsychotic medication in acute adult inpatient psychiatric units

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doi: 10.1192/bjo.2021.893

Aims. To evaluate the use of antipsychotics, and high dose antipsychotic treatment (HDAT) in psychiatric inpatient units

Background. The Royal College of Psychiatrists published a consensus statement on high dose antipsychotic medication in October 1993. Such treatment carries an increased risk of adverse effects including towards ventricular tachycardia and sudden death.

Method. A retrospective case note review of all male patients on acute adult inpatient units in a psychiatric hospital in South Birmingham on a date in June 2018 (n = 45) including review of electronic patient records and prescriptions. This was compared with the results of an earlier study, with identical methods, undertaken in June 2015.

Result.

- In both 2015 and 2018, only a minority of patients (20% and 11% respectively) were informal.
- In both 2015 and 2018, the majority of inpatients had a diagnosis of schizophrenia (54% and 67%)
- In both 2015 and 2018, 93% inpatients were prescribed antipsychotic medication.
- In 2015, 56% patients were prescribed HDAT. This reduced in 2018 to 16%.
- This reduction in use of HDAT was almost entirely due to a reduction in the prescription of PRN antipsychotic medication.
- In terms of regularly prescribed antipsychotic medication, in both years, the most commonly prescribed drug was flupentixol, with a range of other second generation oral and long acting medications being prescribed, usually at doses within BNF limits.

Between the two years, there was a substantial change in the prescribing of PRN antipsychotics. In 2015, 59% individuals were prescribed at least one PRN antipsychotic (27% were prescribed two). In 2018, this reduced to 40% prescribed at least one, and only 2% being prescribed 2 PRN antipsychotics. In both years, oral quetiapine was a common choice (39% patients in 2015 prescribed oral quetiapine, and 34% in 2018). In 2015, 39% patients were prescribed oral or intramuscular aripiprazole, while this reduced to 7% in 2018.

Conclusion. The vast majority of psychiatric inpatients were being prescribed antipsychotic medication. Prescription of high dose antipsychotic medication was common in 2015, and this was largely attributable to high levels of prescribing of PRN antipsychotics. Following an educational programme for junior doctors and ward nurses, and the introduction of electronic prescribing, we achieved a significant change in practice, particularly in the prescribing of PRN antipsychotics, which has reduced our patients' risk of receiving high dose antipsychotic medication.

Audit: children & young peoples' services depression pathway Tees, Esk & Wear Valley Trust wide compliance

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doi: 10.1192/bjo.2021.894

Background. This complete cycle consists of an audit assessing compliance with the evidence based person-centred pathway of care for Depression in Children and Young People across the Trust, completion of an action plan and re-audit of progress, aiming to improve patient care. The pathway was derived from NICE Quality Standard 48/Clinical Guideline 28, updated for NICE Guideline 134 (2019) and includes comprehensive assessment considering comorbidities, social, educational and family context, parent/carer Mental Health assessment and plan for treatment including psychological therapies as first line treatment in mild depression.

Method. The Audit tool was compiled from the above evidence based pathway and NICE guidance. Each of the 26 community teams were requested to select 5 cases on the pathway who had completed a minimum of 6 treatment sessions (final sample size n = 61). The results were analysed for compliance against the pathway and compared with previous results by the clinical audit team.

Result. The results showed areas of good practice, maintained and improved on re-audit, with over 90% compliance in key evidence based areas regarding consideration of comorbidity, social and educational context and 100% compliance in offering psychological interventions.

Improvement was obtained in some areas highlighted in the previous audit e.g. poor recording of ICD 10 diagnosis in medical records, 19%, improved to 30%, and less than 40% recording of symptom tracking via the RCADS (Revised Children's Anxiety and Depression Scale) monitoring improved to over 50%. There had been a failure to record identification or referral to other pathways/services for mild depression in the 16-18 age group with 0% compliance; this improved to 82% and 100% respectively.

Areas still needing improvement were highlighted including recording of weekly monitoring of medication side-effects for first 4 weeks (43%) and a referral of parent/carers to mental health services after identifying issues (40%).

Response to the audit also improved significantly from 29% of teams not responding in the initial audit to a limitation of only 1 of 26 (4%) at re-audit.

Conclusion. This audit cycle has demonstrated that use of an evidence based approach has been instrumental in improving patient care. The Audit evidenced areas of good practice in holistic assessment and use of psychological therapies and importantly highlighted areas of significant improvement needed including initial monitoring of medication response and referral onwards of parents/carers with mental health issues. Continuous improvement in patient care is planned via a targeted action plan, and further re-audit.

Changes in patients characteristics and service provision in liaison psychiatry during the COVID-19 pandemic

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doi: 10.1192/bjo.2021.895

Aims. The SARS-CoV-2 pandemic has led to core changes in the healthcare systems worldwide in terms of access, resources and patient's management. Patients admitted to a general hospital with COVID-19 are at a higher risk for developing or exacerbating