## Physical Health Screening in a Mental Health Setting

Dr Laura Middleton[1]*, Dr Katherine Ashcroft[2], Dr Alex Mather[2], Dr Georgina Gargan[2], Dr Abby Older[1], Dr Andrew Mitchell[3] and Dr Elizabeth Shaw[3]

[1]Health Education England North West School of Psychiatry, Liverpool, United Kingdom; [2]Countess of Chester Hospital NHS Foundation Trust, Chester, United Kingdom and [3]Cheshire and Wirral Partnership NHS Foundation Trust, Chester, United Kingdom
*Presenting author.

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**Aims.** Research demonstrates greater mortality and physical health morbidity in those with mental illness, as compared to the general population. National Health Service (NHS) England has introduced policies to reflect this and promote improvements in physical healthcare for mental health patients. Inpatient admission provides a valuable opportunity to action such recommendations and offer a detailed health review, guided by local frameworks. A new annual audit commenced in Cheshire and Wirral Partnership NHS Foundation Trust (CWP) assesses admission physical health screening on its adult acute inpatient wards.
**Methods.** Audit standard was 100% compliance to CWP's admission pathway (Policy CP35). Parameters included doctor's review, medical history, physical examination, drug history, medication chart, allergy status, venous thromboembolic risk, blood tests, electrocardiogram (ECG), physiological observations, smoking history, body mass index (BMI) and falls risk. Data were collected retrospectively for all patients admitted or transferred to Juniper Ward, an acute adult inpatient unit in Bowmere Hospital in Chester, during October 2020 (cycle 1) and September 2021 (cycle 2). Different months were assessed due to senior staff changes in October 2021.
**Results.** 30 patients were identified in 2020 and 37 in 2021. In 2020 the most consistently achieved parameters were, in order, medication chart/drug history, doctor's review and past medical history. In 2021 the most consistently achieved parameters were medication chart/drug history, smoking status and past medical history. Across both years completion of the cardiometabolic tool was lowest, although this improved from 6.7% to 16.2%. In 2020 there were 5 parameters achieving <50% compliance (cardiometabolic, physiological observations, smoking status, BMI and falls risk). In 2021 this reduced to 3 parameters (doctor's review, cardiometabolic tool, falls risk). Local policy was updated following the 2020 results, amending the criteria for doctor's review from *commenced* within 6 hours, to *completed* within 12 hours. Improvement was seen in all other areas in 2021, with medication chart/drug history documentation achieved in 100% of admissions.
**Conclusion.** Generalised improvement was seen following the 2020 audit, although only one parameter reached 100% compliance and most remained under 75%. The first cycle led to a policy change with respect to the doctor's review timeframe, although this limited direct comparison between years. A flow chart will be trialled on Juniper Ward, highlighting required tasks and assigning ownership to specific team members. The local Medical Education team were also made aware of the results to inform junior doctor induction. The audit will be repeated in Autumn 2022.

## The Impact of COVID-19 Outbreak (2nd Wave) on Mental Health of the Healthcare Community in the NHS: A Web-Based Questionnaire Study

Dr Omer Nasim[1]*, Dr Muhammad Khizar Hayat[2], Dr Zeinab Hussain[2], Dr Malghalara Afridi[2] and Dr Raza Ali Khan[3]

[1]Poole General Hospital, Poole, United Kingdom; [2]Rehman Medical Institute, Peshawar, Pakistan and [3]Stockport NHS Foundation Trust, Manchester, United Kingdom
*Presenting author.

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**Aims.** To determine the mental impact the second wave of COVID-19 has had on health care professionals working in the National Health Services (NHS), United Kingdom.
**Methods.** A cross-sectional descriptive web-based survey was conducted among the staff of National Health Services (NHS) in Poole, United Kingdom. Two tertiary care hospitals staff were part of this study. The study was spanned over a duration of 6 months, October 2020 to April 2021. A standard GAD-7 and PHQ-9 questionnaire along with demographic information was uploaded on google docs for data collection. All healthcare staff working in the hospitals were included. Any person that did not fill the questionnaire completely was excluded. Data collected were analysed using SPSS for descriptive statistics and the chi-squared test was done keeping $p < 0.05$ as significant.
**Results.** A total of 160 health care professionals took part in the survey, with a mean age of 37.36 (SD = 11.51) years, predominantly females (58.8%). The majority of participants were not depressed (78.1%, $p = 0.004$) nor were they anxious (85%, $p = 0.008$). A significant difference ($p = 0.050$) was seen in participant's anxiousness regarding the source of information. All other demographic parameters were not significant for differences in depression or anxiety ($p > 0.05$). 33.6% of the respondents agreed and 9.6% totally agreed to being terrified of contracting the coronavirus. 40.4% disagreed while 16% did not have an opinion. A similar trend was seen for the other statements. More than half (56.3% and 56.9%) of the participants answered in the affirmative that they were worried about contracting the disease and getting their living place contaminated, a staggering 91.3% were anxious about affecting their families.
**Conclusion.** The second wave of COVID-19 has had minimal effect on the mental health of health care workers in the NHS.

## Training Non-Medical Staff for SARS-CoV-2 Swab Collection on a Psychiatric Old Age Ward

Dr Joanna Legg[1], Dr Sophie Ouabbou[2]* and Dr Susan Hay[3]

[1]Royal Free London NHS Foundation Trust, London, United Kingdom; [2]Barnet, Enfield and Haringey NHS Mental Health Trust, London, United Kingdom and [3]Camden and Islington NHS Trust, London, United Kingdom
*Presenting author.

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**Aims.** In the second half of 2020 patients admitted to Highgate Mental Health Centre had to isolate in their rooms until a negative SARS-CoV-2 test result was obtained. This was stressful for both patients, who were unwell in their mental state, and staff. Swabs for PCR testing were only being collected by junior doctors which meant that out of hours, this responsibility would fall exclusively upon the duty doctor. There were often significant delays to obtain a sample. We decided to train non-medical staff on an old age ward so that the responsibility of collecting samples could be shared with nurses and healthcare assistants.
**Methods.** In November 2020 we held one training session with several members of staff from our ward. In the following days we did one to one training sessions with the members of staff who, due to their shifts, were not available for the original training session. We excluded admissions that happened prior to

SARS-CoV-2 being mandatory, those where the patient refused to be swabbed, and those patients who were transferred from another institution already with a pre-admission swab.
**Results.** There were 37 admissions, of which we included 30 based on the exclusion criteria. 17 admissions occurred prior to training and 13 after the training sessions. Prior to training, it took 1.059 days to obtain a sample and it took 0.846 days after the training sessions.
**Conclusion.** Providing a training session to enable nurses and healthcare assistants to take samples for SARS-CoV-2 testing reduced the amount of time between admission and obtaining a swab sample. We therefore shortened the first step of the process that leads to obtaining a negative result and enable a patient to come out of isolation.

## Safety of Delivering Eating Disorders Day Treatment Programme on the Virtual Platform in (COVID-19) Pandemic

Dr Adaora Obiekezie, Ms Claudia Friel and Dr Mohammad Tayeem Pathan*

Surrey and Borders Partnership NHS Foundation Trust, London, United Kingdom
*Presenting author.

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**Aims.** Intensive treatment for eating disorders include day treatment programme and specialist inpatient. COVID-19 pandemic led to lockdown in the UK on the 23rd March 2020. Adult Eating Disorders Day Treatment Programme in Surrey started delivering their care on the virtual platform from that date. It offered a combination of 'virtual' only and 'blended' care (virtual and in person) for more than a year. This service evaluation examined the safety of delivering intensive eating disorders treatment on the virtual platform.
**Methods.** Data from March 2020 to March 2021 were retrospectively collected from Electronic patient record. Two clinicians collected the data on age, referral origin, accommodation, employment status, diagnosis (subtype), length of illness, comorbid mental and physical health diagnosis, duration of day care treatment, medication, admission weight and BMI, discharge weight and BMI, changes in bloods and ECG, acute hospital admission, risk-to-self events, admissions to Specialist Eating Disorders Unit and reasons for discharge.
**Results.** Data indicated that 21 patients were admitted in day treatment programme over 1 year period. 10 patients had solely virtual treatment and 11 patients had blended day treatment programme. 11 patients had anorexia nervosa restrictive subtype, 5 patients had Anorexia Binge purge subtype and 5 patients had Anorexia Nervosa, Unspecified.

Average length of illness was 4.49 years. Mean age for the group was 24.7 years and most patients lived with family (n 18) and were unemployed (n 11). More than 2/3rd (76%) patients had comorbid mental health diagnosis and 48% (n 10) had comorbid physical health diagnosis.

Average length of admission was 5.26 months. Mean BMI on admission was 15.3 (Range 12–19) and mean BMI on discharge was 16.9 (Range 13.65–22).

Safety and outcome data indicated that there were no serious incidents recorded in that time period. 1 (5%) patients required admission to acute hospital as their physical health deteriorated. 8 (38%) patients required specialist inpatient admission as the day care did not affect any changes to their eating behaviours, and 4 (19%) patients had events indicating self harm episodes(19%).

**Conclusion.** Our service evaluation data indicated that it is relatively safe to deliver day treatment programme on the virtual platform. Weekly face to face physical health monitoring (weight, BP, Pulse, temperature) and regular physical health investigations (Blood tests and ECG) were integral part of managing risks to health. On the other hand, delivering day treatment programme on the virtual platform has enabled the day treatment programme to prevent any significant outbreak of COVID-19 in a vulnerable group of patients and allowed them to receive uninterrupted support during pandemic.

## A Quality Improvement Project (QI) on Screening for Rapid Eye Movement Sleep Behaviour Disorder (RBD) in Patients Referred to Trafford Memory Assessment and Treatment Service (MATS), Part of Greater Manchester Mental Health Trust (GMMH)

Dr Rachel Moir, Dr Ruth Pye-Jones*, Dr Amit Sindhi and Dr Boben Benjamin

Greater Manchester Mental Health, Manchester, United Kingdom
*Presenting author.

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**Aims.** Lewy Body Dementia (LBD) is predicted to be underdiagnosed in the general population. RBD is one of the four core clinical criteria for the diagnosis of LBD. Longitudinal studies of RBD show strong association with LBD, so there is potential for early identification of LBD and subsequent management. We aimed to screen 100% of patients referred to Trafford MATS for RBD.
**Methods.** We performed three Plan-Do-Study-Act (PDSA) cycles; in the first cycle we introduced a validated RBD screening question, from the DIAMOND-Lewy study, to the initial memory assessment proforma. This asked 'Have you ever been told that you "act out your dreams" while sleeping (punched or flailed arms in the air, shouted or screamed)?'

In the second PDSA cycle, we delivered a RBD and LBD educational package to the specialist memory nurses who undertake the initial assessments. In the third PDSA cycle reminders were sent to the team to use the new assessment proforma.

We collated data from patients who had undergone an initial memory assessment between 06/04/21- 22/06/21 from the trusts electronic database.
**Results.** Initial baseline data showed that 0% of initial assessments screened for RBD; at the end of PDSA one this was 100% and 75% at the end of PDSA two. This increased to 100% at the end of the last PDSA cycle. The main reason for non-completion of the screening question was use of the old proforma.

4/152 patients screened positive; patients were diagnosed with Alzheimer's disease, delirium, vascular dementia and mixed Alzheimer's disease and vascular dementia, respectively.
**Conclusion.** The introduction of a RBD screening question into the MATS initial assessment proforma improved screening for RBD. We think the variation in screening compliance rates was likely due to practitioners using old assessment proformas, hence sending reminders of the new proforma.

A limitation of the project was that some patients did not have a bed partner, which makes identification of the disorder more difficult.

Since the completion of the project, we have circulated a news bulletin through the Dementia United charity to raise awareness of our QI project nationally and also discussed the project with the Lewy Body society. Whilst our project has not yet identified a patient with LBD, we feel that introducing this screening