

is to help adults with severe mental illness obtain and maintain competitive work in the community and provide the support necessary throughout the entire process and follow-up after successful inclusion. The aim of this paper is to evaluate the impact of the COVID-19 pandemic has had upon the Programme and to analyse the main causes of clients' drop-off despite the fact the modifications were put in order to keep running the service during the lockdown.

Methods. Retrospective analysis of case records of the Supported Employment Programme from 1 January 2020 to 31 December of 2020.

Different variables were analysed to identify the main causes of dropout. Between them, variables related to the digital divide, fear of COVID-19, and increased economic vulnerability.

Results. At the beginning of 2020, the programme had 51 users and received 11 referrals throughout the year, of whom 8 users were finally admitted. Therefore, 59 users entered this sample, 40.7% were women ($n=24$) and 59.3% were men ($n=35$). Mean age 40.4, ranging from 18 to 65 years of age ($sd = 11.6$). No significant differences were found in sex, age, or level of instruction between participants. The dropout rate after the lockdown was introduced reached 50.3% ($n = 30$), and there were no significant differences between those who left the programme and those who continued, with respect to sex, age, or level of instruction. Significant differences were found between these two groups in access to Technology ($T = -6.158$ $p < 0.000$); Digital illiteracy ($T = -3.247$ $p < 0.003$); fear of getting COVID-19 ($T = -7.616$ $p < 0.000$). However, having obtained a job through the programme was a protective factor against leaving, and only one user out of nine who got a job through the programme dropped out. This difference was at the significant level ($T = 2.671$ $p < 0.05$).

Conclusion. Even though, in an attempt to keep the Programme running during the strict lockdown that was imposed during the first year of the COVID-19 pandemic, moving the face-to-face interviews to remote ones through digital platforms did not guarantee the access to service. The digital divide was one of the main causes of dropout of users. It is important to point out the protective value that had to have obtained a job through the programme against leaving.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Serum Prolactin Level Monitoring in Children and Adolescents on Antipsychotic Treatment: Evaluating the Current Practice in Al Ain, United Arab Emirates

Dr Syed Fahad Javaid^{1*}, Dr Ayesha Afzal²
and Dr Zahra Yusuf Ahmed²

¹College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates and ²Behavioral Sciences Institute, Al Ain Hospital, Al Ain, United Arab Emirates

*Corresponding author.

doi: 10.1192/bjo.2023.373

Aims. The use of antipsychotics in children and adolescents requires close supervision in a specialist clinic. The decision to commence antipsychotics should be made jointly with the young person, their parents, carers, and healthcare professionals. It is critical to provide age-appropriate information and discuss the possible benefits and side effects, including raised serum prolactin levels, potentially leading to serious consequences such as reduced bone density and abnormal pubertal development. This audit aimed to appraise the antipsychotic prescribing practice in children and

adolescents in psychiatric outpatient clinicians in Al Ain Hospital, United Arab Emirates. The authors analysed the compliance against the standards set out in The National Institute for Health and Clinical Excellence (NICE) Clinical Guidance 155 concerning monitoring prolactin levels in children on antipsychotic medications at baseline, 12 weeks, and every six months thereafter.

Methods. This Hospital-wide audit involved a retrospective review of case notes. A questionnaire was developed to capture the required information anonymously. The audit sample comprised 135 children under the age of 16 who were on antipsychotics for more than six months and were followed up in the child psychiatry clinic between January 2018 and December 2019. We chose this pre-Coronavirus Disease 2019 (COVID-19) period when services were running as usual. Data collection took place between September and December 2022.

Results. Out of 135, 28 (21%) patients were males, with 51 (38%) being Emirati citizens. The sample age ranged between 6 and 16 years, with a mean of 13.5 years. Risperidone was the most commonly used antipsychotic. The majority of patients (63%) had a diagnosis of psychosis in the context of Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder, and intellectual disability. None of the patients had a baseline prolactin measurement performed, while only 10 (7%) had prolactin levels checked at 12 weeks. No patient had prolactin levels checked at six-monthly intervals.

Conclusion. This audit has identified a clear need to develop local guidance on monitoring antipsychotic side effects in children and adolescents. We recommend enhanced staff training in monitoring for the relevant side effects and introducing a mechanism to electronically alert the prescribing clinician when the time of monitoring is due. We suggest educating the patients about symptoms of high prolactin levels and re-audit the practice after one year of implementing the above action plan.

No financial sponsorship has been received for this evaluative exercise.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Electroconvulsive Therapy: Evaluating the Current Practice in Al Ain Hospital, the United Arab Emirates

Dr Syed Fahad Javaid^{1*}, Dr Aravinthan Subbarayan²,
Dr Hind Mohd Ahmed², Dr Zahra Yusuf Ahmed²,
Dr Aysa Darwish Alhassani², Dr Alyazia Abdulla Alkaabi²
and Dr Omar Bin Abdulaziz²

¹College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates and ²Behavioural Sciences Institute, Al Ain Hospital, Al Ain, United Arab Emirates

*Corresponding author.

doi: 10.1192/bjo.2023.374

Aims. Electroconvulsive Therapy (ECT) has been used since the 1930s for the treatment of depressive illness, mania and catatonia. This audit aimed to appraise the ECT pathway followed by the Behavioral Sciences Institute at Al Ain Hospital, United Arab Emirates. The authors analysed the pathway's compliance against the standards set out in the local Al Ain Hospital guidelines and The Royal College of Psychiatrists (RCPsych) standards, with a particular focus on capacity and consent issues.

Methods. This audit involved a retrospective review of case notes. After obtaining the relevant ethical approval for the audit, we collected the case notes of all patients who received ECT over a period of three years between May 2019 and June

2022. The audit sample comprised 30 patients, both from the inpatient and outpatient services in Al Ain Hospital. A questionnaire was developed to capture the required information anonymously. Data collection took place between September and November 2022.

Results. Out of the total 30 patients, 21 (70 %) were males. The average age of the sample was 31 years, with a range of 19-71 years. Twelve patients (40%) were Emirati citizens, with Ethiopian nationals (17%) being the second largest ethnic group. A significant majority (90%) of the patients who received ECT were under the inpatient psychiatric services at Al Ain Hospital. The sample studied received, on average, eight sessions of ECT. Major depressive disorder (43% of the sample) was the most common diagnosis, followed by severe mania at 37% and Catatonia at 17%.

Of 30 patients, 16 (53%) had no documentation of their mental capacity to accept ECT on the consent papers. Out of 8 patients deemed lacking capacity, only 4 had proper documentation of the reasons for lacking capacity. Reviewing the consent papers demonstrated that 20 patients (67%) had no documentation of discussing the risk and benefits of the procedure.

Conclusion. This audit has identified areas for improvement in the implementation of Al Ain Hospital's current ECT pathway. The authors have suggested enhanced staff training on consent issues involving ECT, emphasizing better documentation of the decision-making process. Considering the possible medicolegal consequences, a particular area for documenting discussions of the risk and benefits of the procedure should be included in the ECT consent form. We aim to re-audit the practice after one year of implementing the above action plan.

No financial sponsorship has been received for this evaluative exercise.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Ethnic Differences in Dose and Levels of Clozapine: Exploring Need for Any Specific Monitoring Needs

Dr Stephen Jiwanmall*, Professor Nilamadhab Kar, Dr Akua Obuobie, Dr Tanay Maiti, Mrs Deborah Lester, Mrs Kerry McLaughlin and Mr Thomas Hanson

Black Country Healthcare NHS Foundation Trust, Penn Hospital, Wolverhampton, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.375

Aims. Clinical research shows that compared to Caucasian patients, Asian patients appear to have a lower clozapine dose requirement for clinical efficacy. Hence, appropriate dose adjustment should be considered in Asian patients receiving maintenance clozapine therapy. Secondly, studies in the UK report that Asian patients with treatment-resistant schizophrenia were less likely to receive clozapine than Caucasian patients. The objectives of this study were to find out the ethnic difference in dose and levels of clozapine in ethnic minority patient (BME (Black and minority ethnic) populations and to explore if there is a need for any specific monitoring.

Methods. Demographic (age, gender, and ethnicity) and clinical variables (diagnosis, clozapine dose, plasma level of clozapine and nor-clozapine, smoking status, side effect profile, and physical comorbidities) were collected from the electronic patient records and analysed.

Results. The sample consisted of 66 (56.4%) Caucasians, 22 (18.8%) Asians, 21 (17.9%) African-Caribbean, and 8 (6.8%) mixed ethnicity patients. Their age range was 19-80, with an average of 46.9 ± 11.9 years.

Among the ethnic groups, age, clozapine, nor-clozapine level and QTc were comparable, except for the dose of clozapine; Caucasian had the highest dose (414.8 ± 140.0 mg), followed by African-Caribbean (373.8 ± 163.7 mg), Asian (333.8 ± 121.2 mg) and mixed (260.7 ± 110.7 mg) ($F_{3,68}$, $p < 0.05$). The difference remained significant when all the BME groups were combined as well.

Side effects such as hypersalivation, drowsiness, blurred vision, polyuria, sore throat, headache, vomiting (none), dizziness, difficulty passing urine, urine incontinence, flu-like symptoms, nausea, were comparable among ethnic groups.

There was no difference in smoking among the groups. Considering comorbidities compared to BME, Caucasians had significantly lower rate of hypertension (27.1% vs 9.1%, $p < 0.01$); diabetes (18.6% vs 4.5%, $p < 0.05$), however dyslipidemia (5.1% vs 3.0%) was comparable.

In addition to the above, the dose of clozapine was positively correlated with clozapine and norclozapine levels ($p < 0.05$). Clozapine and norclozapine levels correlated significantly ($p < 0.001$). Age was negatively correlated with norclozapine assay ($p < 0.05$) and positively with the number of cigarettes. It appears as the age increases, the number of cigarettes goes up, and norclozapine levels come down.

Conclusion. There are a few variations of clozapine prescribing in different ethnic groups. Although the Caucasians had higher doses, they had comparable blood levels. A higher proportion of BME patients on clozapine had hypertension and diabetes, emphasizing metabolic risk. Our study findings suggest clozapine monitoring should look into ethnicity related risk factors.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

ID (Intellectual Disability) Crisis Resolution! Novel Approaches in NHS Highland

Dr Praveen Kumar* and Dr Ashwin Bantwal

New Craig's Psychiatric Hospital, Inverness, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.376

Aims. Like most health and social services, community ID teams are under increasing pressure to manage burgeoning caseloads. This evaluation was for the Red People Meeting video conferencing (VC) from its conception during the pandemic 2020 with particular reference to its simple format to structure meetings for their effectiveness and promotion of team communication and well-being.

Methods. The Red people meetings is held every Mon – Fri between 11am and 12pm through an invite sent via e-mail or diary invite. A RED STATUS is identified by a support worker who poses:

- Serious risk of harm to self or others
- Serious concerns related to Physical / Health / Perceived challenging behaviours.
- Individual requiring hospitalisation

Meeting Attendees (over TEAMS): Chaired by the Head of Service or Lead ID Nurses. With attendance of ID Consultant Psychiatrist, OT Team, Moving Home Manager, ID Nurse, Social Worker. Attendance depending on individual need include