

Audit of Admissions to Acute Psychiatric Inpatient Unit of Patients With Eating Disorders/Disordered Eating

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Aims. The aim of this study was to understand current clinical practice, adherence to evidence-based guidelines, and the perceptions, knowledge and attitudes of the multidisciplinary team caring for inpatients with eating disorder/disordered eating on general adult psychiatric ward.

Methods. The audit was undertaken at inpatient general adult psychiatry ward between 1st July 2022 to 30th April 2023. A retrospective method was used to collect data on admissions of patients with eating disorder/disordered eating alongside qualitative data retrieved for perceptions, knowledge and attitudes of the multidisciplinary team (MDT) and use of and adherence to national guidelines. The data was collected from everyday bed state and MDT handover, admission summary, electronic notes which included physical health charts and discharge summaries. The MDT staff involved were nurses, doctors, health care assistants, dieticians, psychologist, and occupational therapist.

Patients were included if eating disorder management was indicated and undertaken at some stage during the admission, even if the eating disorder was not the primary reason for admission. The age group was above 18 years and included male and female patients. Eight discrete admissions (6 females, 1 male and 1 transgender patient) were included in the audit. Adverse events like refeeding syndrome, electrolyte derangement needing Intravenous/Nasogastric tube feeding, self-harm, level of cooperation between medical and community eating disorders team, community mental health teams and outcomes were recorded. Data analysis was done through Microsoft Excel. Percentages of patients who had met each of the standards were calculated. Documented practices were compared in line with standards of NICE (National Institute for Health and Care Excellence) guidelines and MEED (Medical Emergencies in Eating Disorders) guidelines.

Results. The audit concluded that gaps exist between evidence-based practice and patient care. Despite being admitted due to concern about eating difficulties, a substantial number of patients were not given an eating disorder diagnosis on discharge. And the patients who had eating disorder as primary diagnosis had limited inreach support from specialist team.

Conclusion. There is major challenge in management of disordered eating presentations within inpatient general adult psychiatry units and inreach specialist support for those admitted with eating disorders as primary diagnosis. These findings emphasize for targeted implementation strategies to improve patient care and uptake of research into practice.

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.

Equity on the Mother and Baby Unit: An Audit of Detention Rates and Length of Stay According to Ethnicity and English Language Ability

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Aims. A large body of evidence suggests that experiences of, and access to mental healthcare in England varies according to ethnicity. Inequitable use of restrictive interventions is of particular concern, including within perinatal services: a national-level study of inpatients on Mother and Baby Units (MBU) in 2017 found that 28% of white patients were detained under the mental health act (MHA), compared with 61.5% of Black African, and 66 – 77% of Asian mothers. We carried out an audit with the aim of examining detention rates, length of stay, and time to first section 17 leave on an MBU in South Manchester according to ethnicity and English language ability, to compare with national averages.

Methods. We identified all patients discharged from Andersen Ward (an MBU) between March 2022 and March 2023. Using electronic medical records we extracted information on: ethnicity, language spoken (English vs other), mental health act status (detained under Section 2/3 vs informal), duration of admission, date of detention, date of first Section 17 leave. We calculated the percentage of patients who were detained according to ethnicity (White British, Mixed/other, Asian, Black), and the odds of detention according to ethnicity. Statistical significance was assessed using chi-squared testing. We also compared average length of stay and time to first section 17 leave by ethnicity.

Results. 74 patients had been discharged from the MBU within the audit period. 88% of Black inpatients were admitted under the Mental Health act, compared with 72.7% of Asian mothers, 33.3% of Mixed ethnicity or other ethnicities and 28.3% of white mothers. Differences in detention rates according to ethnicity were statistically significant. Of 11 mothers documented as having a language other than English as their primary language, all had been detained. Length of admission and days to first section 17 leave were not significantly different between ethnicities.

Conclusion. Many factors may contribute to the observed higher detention rates among non-White patients: language barriers and a lack of intercultural competence could lead to risk-averse decision-making during MHA assessments, and different help-seeking patterns might mean White mothers seek help earlier, or for less severe mental health problems. Recommendations include expanding access to high-quality interpreters; investigating factors underlying MHA decision-making through qualitative research; and improving cultural competence among section 12 approved clinicians by incorporating feedback from ethnic minority patients into training and refresher courses.

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Lipid Profile and Cardiovascular Risk Monitoring in Patients on Clozapine – an Audit at a Community Mental Health Resource Centre in Scotland

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Aims. Individuals with severe mental illnesses are at an increased risk of morbidity and mortality from cardiovascular diseases