

focused goal-based interventions, weekly reflective/formulation meetings, and a focus on social rehabilitation. Patients referred to MhIST will have a high level of complexity plus severe, treatment refractory symptoms, with impaired social, interpersonal and occupational function and high support needs. They may have co-occurring mental health conditions including substance misuse or neurodevelopmental disorders.

MhIST is a new service and has been active for around 6 months. The first 10 patients referred have been from acute wards (3), community mental health teams (1), and inpatient rehabilitation wards (6). 60% of patients are currently housed in independent accommodation.

**Conclusion.** Jen's story narrates the experience she encountered during transition from inpatient rehabilitation services to the community. This was completed with support from MhIST, a new community rehabilitation service which provides an intensive rehabilitation and recovery service.

### Clozapine for Treatment Resistant Aggression in Autism

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**Aims.** The National Institute for Health and Care Excellence (NICE) guidance on the management of behaviour that challenges in autism, is that medication should be considered when psychosocial or other interventions cannot be delivered because of the severity of the behaviour. In our experience of working in Secure and Specialist Learning Disability, there are also times when challenging behaviour continues despite non-pharmacological interventions being optimised. There is (limited) evidence that clozapine should be considered for the management of aggression in patients with autism not improved by first-line antipsychotic drugs.

**Methods.** We present two cases of female patients with autism and learning disability, both of whom had been detained for a long period under the Mental Health Act 1983. Both continued to present with significant aggression despite non-pharmacological treatment being optimised. The aggression did not respond to first-line antipsychotic drugs, nor other psychotropic medication. They were started on clozapine.

In the first case, that of a 32-year-old, aggressive incidents reduced from a mean of 15 per month to 5 per month. The use of physical restraint reduced from 10 episodes per month to 5 per month. Staff reported that aggression was less severe than previously. Due to the improvement, the patient began having access to escorted community leave.

In the second case, that of a 31-year-old, incidents of aggression requiring floor restraint reduced from a mean of 30 episodes per month to 15 per month. The average monthly duration of restraint reduced from 29.5 minutes to 18.5 minutes. Although difficult to quantify, the staff team consistently reported that her level of arousal at times of incidents was less. Her engagement levels also increased. She became more tolerant of people being in her living space and actively sought out contact with staff.

**Results.** Clozapine resulted in a reduction in aggression and arguably, improved quality of life, for the two patients described. We make recommendations on when clozapine could be considered for treatment resistant aggression in autism and what should be done before this. We also provide guidance on how a therapeutic trial should be conducted, in line with Stopping Over Medication

of People with a Learning Disability, autism or both with psychotropic medicines (STOMP-LD).

**Conclusion.** It is reasonable to consider clozapine for aggression in autism when all other interventions have failed. It may result in meaningful change and improved quality of life.

### Service Evaluation

#### Response to Perinatal Psychosis in West Essex During COVID-19 Pandemic

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**Aims.** The aim of this audit is to look at the presentation of women who were pregnant or less than one-year post-partum presenting with psychotic symptoms in the A&E Department, general hospital and calls to crisis line, particularly with the fact that the pandemic impact remains on the nation. Our aim was to ensure that all referred patients were assessed within the first 24 hours, all the assessments were completed face-to-face, a biopsychosocial assessment was completed for each patient and an outcome was agreed on and clearly documented in the notes.

**Methods.** All referrals to West Essex access and assessment team from the A&E department, the general hospital and calls logged to crisis line were included. Data were collected prospectively over a six-month period from mid-November 2020 to mid-April 2021. For the purpose of this audit, an identification form was designed and disseminated to access and assessment and crisis teams to identify illegible patients. Our data collectors then used the main audit tool to gather the data.

**Results.** In total, our sample included sixteen patients who met our criteria over the six months period. There was only one patient who was out of area. Most of the patients were of white British ethnicity (ten out of sixteen) and other six patients were five white other and one of Asian origin. The mean maternal age in our sample was 27.3 years old and the majority of the referrals came from the labour ward in Princess Alexandra hospital (57%). The two main outcomes of our audit were to check the response time and the way the initial assessment was carried over. Our results show that the team responded to all referrals on the same day with no delays. All the assessments were carried out in a face-to-face fashion in the general hospital apart from one assessment that came through the crisis line and this was carried out in the patient's home.

**Conclusion.** From our data we can identify that the access and assessment team met the standards we set for this audit. This fulfills the recommendations of MBRRACE-report and the RCPsych. One of our recommendations was to provide educational sessions to the emergency department in the general hospital to raise awareness on psychotic presentation during perinatal period.

#### Adult ADHD Patients in Community Mental Health Teams – an Unmet Need

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**Aims.** This Service Survey is a part of a Quality improvement project which aims to :1- To assess the extent of the problem regarding accessing Adult ADHD assessment and treatment by getting the views of clinicians.2- Evaluate negative impact on care coordinators of the delay in accessing timely and effective diagnosis and treatment of ADHD; This will: a-Increase understanding of the care needed by this patient group. b-Clarify current practice and any difficulties staff face in condition management when diagnosis not confirmed i.e. outline training needs. c-Determine if waiting time for diagnosis results in iatrogenic harm (deterioration driven by 'unmet need'). 3- Inform the development of an alternative pathway of care; thus: a-Reduce inequality of health-care access for those with this neurodevelopmental condition. b-Reduce stigma. c-Improve service user health and well-being. d-Support families and carers. e-Reduce social costs to individual and community. f-Support community staff and increase knowledge and effectiveness.

**Methods.** Methods of the service survey part:

1. Service survey: Sent to 21 consultants who are working in Adult CMHT.
2. Service Satisfaction survey for all of the Redcar & Cleveland Affective disorder team's clinical staff members (18).

**Results: Consultants Service Survey.** 11 consultants responded out of 21 (52%)

Approximate number of the diagnosed ADHD patients / team varied between 7–80 patients.

Wait time for an ADHD assessment varied between 12 -30 months.

Number of patients/ team waiting for assessments by the specialist team 2- 27 patients.

50% of the consultants reported significant delays between referral to the services and initiation of treatment 6–36 months.

All consultants reported commencing treatment of ADHD, if a patient already had the diagnosis.

9/11 (82%) consultants reported making the initial diagnosis and treating ADHD patients in CMHTs. However, all consultant reported the need for further training in assessment and management of ADHD patients.

6/11 (55%) consultants stated that ADHD patients should be managed in CMHTs provided they are care coordinated by another clinician.

**Clinical Staff Satisfaction Survey.** All 3 staffs responded out of 18 staff, reported un satisfaction with the current service provision.

**Conclusion.**

1. The current service model is not able to meet the increasing demand for the services and leading to significant delay in accessing appropriate treatment.
2. There is a need to improve competencies of community mental health teams to manage these patients.
3. This survey will be used to model a new care pathway.

## Sleep & Dreams Group in a Specialist Eating Disorders Unit, an Evaluation

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**Aims.** Development of an eating disorder in childhood has been shown to predict sleep disturbance in adulthood. Both the National Institute of Health and Care Excellence (NICE) and the wider scientific literature support interventions to help support patients with their sleep. The aim of this project was to evaluate the perceived benefits of the Sleep and Dreams Group to adult patients with anorexia nervosa (AN) on a specialist eating disorders unit.

**Methods.** Adult patients with severe AN on an inpatient specialist eating disorders unit attended a 6 session, once weekly group on a voluntary basis. The therapeutic group included psychoeducation around sleep hygiene, and an experiential component focusing on sleep/dreaming context of inpatient treatment of severe AN.

**Results.** All participants(n = 6) either agreed or strongly agreed that their understanding of sleep and dreams had improved. Quality of sleep strongly improved in 20% of participants, however, the remainder reported no significant change in this domain. Despite this, 80% of participants agreed or strongly agreed they got what they wanted from the group, finding the content of the psychoeducation material slightly positive or very positive. The total program length was thought to be appropriate, with 80% describing this as very positive.

**Conclusion.** The impact of the group on quality of sleep was variable, these results indicate that the value of the group to participants was found in the intergroup processes as evidenced by positive evaluation. This is of particular relevance to severe AN, where interpersonal deficits are often seen and from a treatment perspective in addressing the isolating nature of the disorder. Suggestions for improvement included bolstering the interactive component, and assessing participants regarding eligibility for dream discussion to aid formulation work of the unit.

## The Balint Group Experience for Forensic Mental Health Professionals

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**Aims.** Balint groups were initially set up to meet the needs of GPs in better understanding the emotional aspects of complex doctor-patient relationships. They have since been taken up in the training of psychiatrists, GPs, and medical students, having been shown to improve communication skills and sensitise participants to their own psychological processes. Working as a Care Coordinator in a Forensic Community team is a highly challenging role where, by definition, there is the spectre of risk of harm to others. There is very little published data on the use of Balint groups in nursing populations, even less so in the Forensic mental health setting. The aim of this project was to evaluate a longitudinal Balint group for mental health professionals in the Forensic service of Cambridge and Peterborough NHS Foundation Trust, and to report on the perceived benefits to attending in terms of personal and professional development.

**Methods.** The evaluation used a standardised mixed methods approach, with the sample consisting of members of the Forensic South Community Service Balint group n = 5. For the