

## Physical Health Screening in a Mental Health Setting

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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

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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

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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