

Service Evaluation of the Just Right State (JRS) Programme, Step 3 Child and Adolescent Mental Health Services (CAMHS), Child and Family Clinic, Belfast Trust, Northern Ireland (March-December 2020)

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Aims. COVID-19 resulted in dramatic shifts in how interventions are provided within mental health services, creating the opportunity to virtually deliver JRS groups to parents of young people attending Belfast CAMHS. This is a sensory attachment intervention that facilitates the process of self-regulation and co-regulation through the use of food, sensory activities and an enriched environment provision. It is currently facilitated by CAMHS clinicians via video calls over 4 consecutive weeks.

1. Evaluate the effectiveness of the virtual JRS intervention
2. Measure discharge rates after JRS intervention to examine if attendance at JRS at the point of entry into CAMHS can lead to more timely discharge due to targeted early intervention
3. To capture parent and clinician feedback focusing on the challenges and improvements that have occurred due to this adapted delivery of services

Methods. A systematic database search was conducted examining number of parents who have attended overall; weekly attendance; Did Not Attend rate; length of time between CAMHS initial assessment and JRS intervention; number of families discharged after JRS and number of families allocated to partnership/medic after JRS.

CAMHS clinicians (not directly involved in facilitating JRS intervention) gathered qualitative feedback from families (via phone calls with parents who provided consent).

Results. 132 parents were invited between March-December 2020. 41 families have been discharged, 60 families have been allocated to partnership or medic and 31 are awaiting future JRS groups due to non-engagement, or a further review by JRS facilitators or a CAMHS clinician that they are already allocated to.

Five parents provided positive qualitative feedback.

Conclusion. As JRS has engaged a high number of parents in a relatively short time -period, it would be helpful to further explore its effectiveness as a first line intervention in CAMHS, thereby informing service delivery moving forward.

A Fitness And Lifestyle Intervention Programme (Flip It) - It Is One of Such Interventions Established to Tackle Obesity and Manage Weight Among Inpatients in a Secure Mental Health Service

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Aims. A Fitness and Lifestyle Intervention Programme (FLIP IT) is a healthy lifestyle programme, developed for patients identified by their multi-disciplinary team that focusses on helping patients

improve their understanding of the benefits of living a healthier life and supporting them to live a healthier life. We evaluate the effectiveness of the FLIP IT programme in tackling obesity and managing the weight of inpatients in a medium secure mental health unit.

Methods. Patients requiring support in managing their physical health from different secure wards were enrolled into the FLIP IT programme following identification by the Multidisciplinary team. Each cycle of the programme was completed over an eleven-week period. Data were collected for a total of seven cohorts of the FLIP IT program. Descriptive analysis was conducted with SPSS. Descriptive statistics, including means, frequencies and proportions were generated. Comparison was done between participants measurements at the start and end of the programme.

Results. A total of 55 participant records from seven cohorts of the FLIP IT program were analysed; 33 (60%) male and 22 (40%) female. Ten participants did not complete the program; discontinuation rate of 18.2%, 7(70%) of which were females and 3(30%) of which were males. There was not much changes in BMI category from start to end (34.10 to 34.14) and in Waist to hip ratio only (0.951 to 0.949) subsequently.

Conclusion. Although, it showed only marginal number of improvement in some categories and no improvement in BMI category, also some patient did withdraw from the project. However, this does not mean that project FLIP IT was not useful at all, as it encouraged some participants to make small everyday changes in secure unit to gain understanding into the importance of their physical health.

An Audit of Physical Health Monitoring in the Community Psychiatry Outpatient Setting: Can We Improve?

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Aims. Care in the community psychiatric setting involves regular monitoring of both mental and physical health. Patients with mental illness worldwide have higher rates of morbidity and earlier mortality, often due to physical disease, most commonly of metabolic or cardiovascular origin. The reasons for these findings are numerous, though a significant contributor is the underperformance of lifestyle screening and subsequent underutilisation of interventions. As standard, it is recommended that practitioners of all grades should, at each appropriate opportunity, assess their patient's current physical status and screen for lifestyle factors that increase risk of morbidity. These include: weekly physical activity, weight/BMI, diet, smoking status and alcohol intake. Our aim was to investigate if our Community Team was meeting both trust-set standards and national standards.

Methods. A list of all outpatient appointments, including all clinic types, and all grades of staff, was generated from 1/11/21 to 19/11/21 giving a total of 48 appointments. A list of questions were then answered using data taken from notes available on an electronic system. This allowed analysis of the frequency of assessment for each lifestyle factor and frequency of offered interventions, where appropriate. Further analysis across all grades of staff, both outpatient appointment clinics and medication monitoring clinics, and across specific mental health disorders was performed.

Results. Each lifestyle factor should have been checked at each appointment and interventions offered where appropriate. In each assessment an intervention could have been offered following identification of a modifiable factor. No factor was assessed at every opportunity. Only 2 interventions (4%) were offered. Targeted Medication Monitoring Clinics (MMC) did not perform better than Outpatient Follow-up Clinics (OPA), OPA offered more interventions. These findings were consistent across all grades of practitioner and diagnoses.

Conclusion. Assessment of modifiable risk factors was not performed at each assessment, and where interventions were appropriate, they were rarely offered. This was a universal issue across the team, and in spite of specialised clinics, or high risk disorders, there was substandard physical health management. Therefore, opportunities to modify risk of physical disease, or improve treatment of the underlying psychiatric disorder are being missed. This is troublesome as community psychiatry often has the space, time, and rapport with patients to explore these issues, furthermore, many psychiatric treatments carry the burden of increased risk of morbidity and mortality. Consequently, the onus should be upon us to manage these risks and improve patient health through simple, short interventions and timely signposting and referrals.

Detentions in BSMHFT (Birmingham and Solihull Mental Health Foundation NHS Trust) - Covering the Birmingham and Solihull Geographical Area Under the Mental Health Act Between 2018 to 2021

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Aims. To continue to monitor trends in detentions under the Mental Health Act based on race, age, gender, and sexuality during the COVID-19 Pandemic to consider if there were any specific areas that would need to be addressed.

Methods. We investigated available mental health detention documents stored in mental health legislative office, Birmingham and Solihull mental health foundation NHS Trust.

Results. We found that detentions under Section 3 of the Mental Health Act have increased very gradually over the last three years (2018 to 2021). However, there has been gradual reduction in detentions under Section 3 within the white population beginning in 2019 and continuing with a marked acceleration in reduction during the two peaks of the pandemic. This is marked in the 66yrs plus age group. As the pandemic has eased this reduction has stopped and reversed with increased section 3 admissions in last few months in this population. The detentions in the black and Asian population have followed a reverse pattern, with marked increase during the pandemic peaks in 2020/2021 and a marked fall as the pandemic has eased.

Conclusion.

1. Mental health act detention data during the Pandemic shows that the pandemic has disproportionality impacted black and Asian population of all ages and Elderly white population.
2. During the pandemic there has been a marked increase in detentions under Section 3 of the Mental Health Act (for treatment) in the Black and Asian population with a marked reduction in the white population. This difference is stark in the working age population.
3. This highlights:

- a. The need for a well-functioning community based health and social care offer to reduce detentions in the black and Asian population.
 - b. Return of admissions under the mental health act of white elderly post vaccination (which are vast majority white) shows a reversal of the trend of this group not accessing inpatient treatment fully during the pandemic.
4. Community Treatment Order (CTO) detentions in the Black and Asian population continue to increase through the pandemic disproportionately
 5. There is no material change during the pandemic, in short term detentions (section 2, 5(2)) or other inpatient detentions under the Mental health act
 6. There are no significant trend changes noted based on gender or sexuality or age during the pandemic in BSMHFT (Birmingham and Solihull mental health foundation NHS Trust).

An Evaluation of the Prescribing of High Dose Antipsychotic Therapy and Combination Antipsychotic Therapy to Inpatients on the General Adult Wards of Mersey Care NHS Foundation Trust

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Aims. High dose antipsychotic therapy (HDAT) is defined as “a total daily dose of a single antipsychotic which exceeds the upper limit stated in the SPC or BNF or a total daily dose of two or more antipsychotics exceeding the SPC or BNF maximum using the percentage method. Previous audits have looked at HDAT on both a national level (the Prescribing Observatory for Mental Health) and within Mersey Care NHS Foundation Trust. This audit aimed to identify the proportion of patients subject to HDAT and review combination antipsychotic strategies and consideration of Clozapine in patients subject to HDAT.

Methods. In August 2021, data were collected from the eight inpatient wards in Mersey Care NHS Foundation Trust. This involved using the Electronic Prescription and Administration system to identify those prescribed antipsychotics. Following this, the patient’s electronic record was scrutinised for documentation of the rationale for HDAT, combination antipsychotics and consideration of Clozapine.

Results. 129 inpatients were identified as being prescribed antipsychotic medication. 21 (16.3%) patients were prescribed combination antipsychotic therapy, with four of these patients (3.1%) being prescribed HDAT. For these four HDAT patients, there was no recorded documentation of discussion of the option of Clozapine. The most common antipsychotic combination was Paliperidone depot with oral Risperidone. 38 out of 129 (29.5%) patients had been considered for Clozapine. Reasons for Clozapine being refused included the patient declining, concerns about non-concordance with oral medication, patients having had a neutropenia on an FBC, the patient being reluctant to have regular blood tests and a patient’s comorbidities.

Conclusion. When comparing the proportion of patients subject to HDAT (3.1%) to the previous Trust audit in December 2020 (9.1%), there is a recurrent theme that antipsychotic prescribing practice in Mersey Care is safe, with minimal HDAT. Of note, the figure is significantly lower than the proportion of HDAT patients identified in the 2012 national study (28%). In this