

The population for study is a consecutive series of assessments in court proceedings of carers of children at risk and violent offenders.

Method. Assistants not involved in the initial assessments transferred data from case notes and this material was transferred to computer files. Statistical analysis SPSS19

Formal psychiatric diagnoses were those agreed in court proceedings. National mortality records were searched and copies of death certificates obtained. A small number of cases known to have returned overseas were excluded. 772 cases were studied. One in five were assessed in prison, twice as many gave a history of violent criminal behaviour. Over a half suffered abuse or neglect or admitted to being unhappy in childhood. Three subgroups have been identified: Vulnerable with no psychotic illness(60%), psychosis with no evidence of personality disorder or of mixed psychosis(18%), linked psychosis(22%). It was found that demographic variables, deprivation factors, adverse childhood experiences and outcomes and clinical variables are in excess among linked psychotics compared with other groups. Linear regression of unnatural death among psychotic patients identifies five risk factors. The distribution of high-risk factors among linked psychosis is more than twice that found in other groups.

Result. Natural mortality is most evident among clients suffering from psychosis without personality disorder or mixed disorder. Unnatural mortality is more than 10 times greater among patients with linked psychosis, compared with those with no psychosis and four times greater than other psychoses. Risk factors for unnatural mortality are: physical illness, stressful relationship, violence to self or others, detained and history of behaviour disorder.

Conclusion. The findings of the present study demonstrate that vulnerable clients without psychosis are less likely to die by unnatural causes than clients who suffer psychosis coexisting with personality disorder or mixed psychosis. The null hypothesis is upheld. The findings suggest that risk assessment of vulnerable populations should take account of risk factors of unnatural death which have been identified in this study.

An audit of vitamin D monitoring and management of deficiency in women's secure services

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Aims. To audit the investigation, identification and treatment of vitamin D deficiency within Women's Secure Services.

Background. It has been suggested that vitamin D and vitamin D deficiency may play a role in the pathogenesis of psychiatric illness. There is evidence that vitamin D inadequacy is prevalent among patients in long-term hospital settings. Patients within secure hospitals are considered to be at high risk due to their often lengthy admissions, having been transferred from other hospital or prison settings. Ardenleigh in Birmingham is a blended female secure unit. Here we present the findings of an audit, completed in 2019, of vitamin D monitoring and treatment in this service.

Method. A retrospective review of electronic patient records, for all inpatients admitted within women's secure services at Ardenleigh as of 1st September 2019 (n = 27). Standards were based on the Trust accepted guidelines for management of vitamin D deficiency.

Result. Key findings included:-

The majority of inpatients were Caucasian (44%) and African-Caribbean (41%). Median age was 31 years (range 20–56).

Approximately two-thirds (60%) had been in hospital for over a year.

89% of patients had their vitamin D level checked at some point during admission.

Of those checked, 25% were tested within 1 week of admission. Seven patients were tested after being in hospital for over one year (30%).

Only 25% of patients tested were found to have adequate vitamin D levels. Nine patients were found to have insufficient levels of vitamin D (37.5%) or deficiency (37.5%).

89% of those identified as requiring treatment were prescribed supplementation, of which the majority was prescribed at the correct dose for the appropriate duration (94%). One patient refused treatment. Of those with sufficient levels, 67% were prescribed ongoing maintenance treatment due to previously detected deficiency.

Of those found to have sufficient vitamin D in the last 12 months (n = 14), 71% were continued on maintenance treatment.

Conclusion. We identified a high prevalence of vitamin D insufficiency in women admitted to secure services. Testing was delayed for a number of patients from the point of admission. However, once identified, the vast majority of those in need of treatment were managed appropriately by the medical team. We advise that vitamin D be considered an essential routine blood test at the point of admission to minimise delays in identifying those with deficiency and establishing necessary supplementation.

A new handover protocol between old age admission and rehab wards

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Aims. Efficient handovers are integral to patient care. Challenges to handover for wards include high patient turnover and varied handover approaches between wards, as well as admissions out of hours. Patients on Old Age Wards often have multiple comorbidities and can deteriorate rapidly without coordinated care. Our focus was on improving handover of patients transferred between the Old Age Admissions Ward and Rehabilitation Ward. We aimed to create a ward handover protocol to improve compliance with documenting a pretransfer plan and ensure there was an 80% compliance with completing this plan within 3 months.

Method. An MDT discussion took place in order to explore change ideas. Questionnaires were filled out post implementation of protocol. A handover proforma was designed to capture important patient data and continuing plans. A PDSA cycle was designed to deliver a structured handover.

Per patient measures were collected including: whether a handover took place, recording of current medical and psychiatric issues, documentation of plan and was the plan put into action or reviewed.

MDT feedback was collected on satisfaction with the protocol and handover process using open questions and Likert scale.

Result. Prior to the establishment of the proforma there was no verbal or written handover between wards. In 28% of cases prior to the intervention, blood results were checked and

medication reviews took place within the timeframe written in the patient's notes. A proforma was initiated and used for 93% of patient handovers between wards. Blood results were checked according to the planned timeframe in 86% of cases. Where the handover proforma took place, 100% of patients had a medication review. Qualitative detail revealed that key patient appointments such as MRI Brain scans and important plans such as fluid restriction limits were missed before implementing the protocol. Afterwards complex patient plans were recorded and implemented accordingly.

Questionnaire feedback was positive and MDT found the proforma to be helpful and to improve patient safety.

Conclusion. The team viewed the new handover pathway as a positive patient safety tool. Compliance with completing the protocol in the longer term and maintaining change is an area for ongoing improvement.

Exploring determinants of self-management in adults with severe mental illness: a qualitative evidence synthesis

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Aims. To systematically review and synthesise qualitative evidence about determinants of self-management in adults with SMI. The goal is to use findings from this review to inform the design of effective self-management strategies for people with SMI and LTCs.

Background. People living with serious mental illness (SMI) have a reduced life expectancy by around 15–20 years, mainly due to the high prevalence of long-term physical conditions such as diabetes and heart disease. People with SMI face many challenges when trying to manage their physical health. Little is known about the determinants of self-management – managing the emotional and practical issues – of long-term conditions (LTCs) for people with SMI.

Method. Six databases, including CINAHL and MEDLINE, were searched to identify qualitative studies that explored people's perceptions about determinants of self-management in adults with SMI (with or without comorbid LTCs). Self-management was defined according to the American Association of Diabetes Educators' self-care behaviours (AADE7). Determinants were defined according to the Capabilities, Opportunity, Motivations and Behaviours (COM-B) framework. Eligible studies were purposively sampled for synthesis according to the richness of the data (assessed using Ames et al (2017)'s data richness scale), and thematically synthesised.

Result. Twenty-six articles were included in the synthesis. Seven studies focused on self-management of LTCs, with the remaining

articles exploring self-management of SMI. Six analytic themes and 28 sub-themes were identified from the synthesis. The themes included: the additional burden of SMI; living with comorbidities; beliefs and attitudes about self-management; support from others for self-management; social and environmental factors; routine, structure and planning. Capabilities for self-management were linked to people's perceptions about the support they received for their SMI and LTC from healthcare professionals, family and friends. Opportunities for self-management were more commonly expressed in the context of social and environmental factors. Motivation for self-management was influenced by beliefs and attitudes, whilst being closely related to the burden of SMI.

Conclusion. The themes identified from the synthesis suggest that capabilities, opportunities and motivations for self-management can be negatively influenced by the experience of SMI, whilst social and professional support, improved access to resources, and increased involvement in care, could promote self-management. Support programmes for people with SMI and LTCs need to account for these experiences and adapt to meet the unique needs of this population.

Experience of tele-psychiatry during COVID-19 amongst doctors working in a mental health trust: A survey

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Aims. There is paucity of information about perspectives of psychiatrists about telemedicine practice during COVID-19 pandemic. It was intended to explore the experience of doctors using tele-psychiatry for provision of clinical care during the COVID-19 pandemic in a Mental Health Trust covering four cities in West Midlands, UK.

Method. The study was conducted as an anonymized questionnaire survey. A 10-item questionnaire was designed with items related to the clinical outcomes, challenges and provider satisfaction when using tele-psychiatry. It had mostly yes/no dichotomous responses along with the scope for making additional comments for each question. An online link of the questionnaire was sent via email to doctors of all grades working across the Black Country Healthcare NHS foundation Trust, in the West Midlands. The survey was open between July and October 2020; and monthly reminders were sent.

Result. The questionnaire was sent out to 159 doctors and 34 responded (response rate of 21.3%). Just over 50% had used both telephone and video consultations, whereas 47.1% responders had used telephone only. More than half (55.8%) reported that the tele-psychiatry affected clinical outcomes; and it was considered positive in around half (52.9%). Most (73.5%) of the responders found that limitations or challenges of using technology impacted on delivery of care remotely. However 64.7% psychiatrists were satisfied with the process overall; and 79.4% reported that they would like to use tele-psychiatry in the future as well.

Survey captured many observations from the psychiatrists. Positive comments from the psychiatrists included expedited delivery of care, reduced non-attendance rates, as well as successful multidisciplinary meetings. Challenges in specific subspecialties such as Child and Adolescent Psychiatry or Older Adult psychiatry were reported where complete assessments were not achieved successfully. The process was felt to be