- Patients with an SMI are 3–6 times more likely to die due to coronary artery disease. 70% of patients in inpatient psychiatric units are smokers, a strong independent risk factor for cardiovascular disease.
- Smoking cessation is a potent modifiable risk factor that can prevent mortality and reduce morbidity.

Method. A cross-sectional review of all 34 inpatients across four general adult acute psychiatric wards.

Patient records were explored using the Aneuran Bevan Health Board admission proformas to identify evidence of smoking status and whether advice was offered.

Result. Smoker but not given cessation advice n = 13 (38%)
Not asked about smoking n = 11 (32%)
Smoker and given cessation advice n = 4 (12%)
Non-smoker n = 6 (18%)

Conclusion. Patients were asked about their smoking status the majority of the time (68%) but provision of advice or nicotine replacement therapy was only done in 14% of potential smokers (identified smokers and patients not asked about smoking status).

A consideration to be taken into account is that on admission, a patient's physical health status may be unknown, with the additional difficulty of a patient's acute distress complicating the physical examination, smoking status and modification of patient's smoking status may not be the highest priory in that context.

Data regarding asking about smoking were different amongst wards, potentially signifying differences between assessors willingness to ask about smoking status.

There is a lack of smoking cessation literature available on the wards and patients are often unaware of what options are available to quit smoking.

The audit simply determined whether or not assessors were documenting smoking status, it does not measure the quantity or quality of smoking cessation advice provided.

Further quality improvement projects should be launched, with focus groups as the intial step at further investigating inpatient smoking rates, as well as attempting to reduce them in a more systemic way.

An audit comparing telephone reviews to standard face-to-face consultations within child and adolescent mental health services at Massereene House

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Aims. This audit was carried out in response to the Coronavirus pandemic. The COVID-19 pandemic has forced many teams to review how they provide care to their patients. Due to attempting to reduce the spead of COVID-19, the Child and Adolescent Mental Health Service within the Northern Health and Social Care Trust largely switched to telephone reviews instead of face-to-face reviews for non-urgent outpatient appointments from March 2020 onwards. The aim of this audit was to establish whether or not service users found telephone reviews to be as useful and therapeutic as the previous standard face-to-face reviews.

Method. A questionnaire was used to assess opinions on telephone reviews. Those who were answering the questions were asked to rate their answers on the following scale: "not at all", "a little", "somewhat" or "a great deal". There was an "any other comments" section at the end where service users could give detailed opinions on how successful they thought telephone reviews were. A sample of twenty patients was involved. This cohort of twenty patients was a mixture of ten ADHD reviews and ten medication reviews. The audit was conducted by one person and this was done via the telephone.

Result. For questions one to four (which will be fully outlined in the poster), the most popular category chosen was "somewhat" and this indicates that the majority of patients found telephone reviews somewhat better than face-to-face appointments. For question five (which was- "Overall, was the help you received good?"), 80% of service users stated that the help that they received was "a great deal" better than the help that they had received at previous face-to-face appointments. Lastly, for question six (which was- "If a friend or family member needed similar help, would you recommend that they are phoned by our service?"), 80% of service users said that they would recommend our service "a great deal" to family members or friends.

Conclusion. Generally the feedback was positive for the telephone reviews. However, some still outlined a preference for face-to-face reviews. There may have been bias in this audit as it was the same doctor who did the telephone reviews as conducted the audit. To conclude, telemedicine is likely to become more popular in the future especially as the Coronavirus pandemic is still currently a worldwide problem therefore it is important to explore how service users feel about this as a way of communicating with the clinicians who are treating them.

An audit to review the extent to which appropriate preconception advice is given to women being discharged from mental health wards on psychotropic medication, in line with NICE guidelines

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Aims. The release of the Cumberlege Report in 2020 served as a reminder of the importance of informed consent for women when they are started on treatment that may affect their fertility or future pregnancies.

Our aim was to evaluate current performance with regards to advice given to women of childbearing age around contraception, impacts of psychotropic medication on fertility and future pregnancies, and availability of preconception counselling.

Method. Standard identified as NICE Guideline 192 (Antenatal and Postnatal Mental Health), sections 1.2 and 1.4.

60 female inpatients were selected by looking at the most recent discharges prior to 03/11/2020 from 3 local acute adult wards. All females aged between 18 and 48 years were included.

Electronic notes were reviewed for each patient. The discharge summary and last four ward round entries were reviewed, then key-word search of the patients' records was performed using the terms "pregnan*", "conception", "contraception", and "fertility".

The following information for each patient was documented in a spreadsheet:

Discharge medication

Is there any discussion or advice around contraception?

Have women taking antipsychotic medication been given advice regarding the possible impact on fertility?

Has the potential impact of psychotropic medication on a future pregnancy been discussed?

Has advice been given about the availability of preconception counselling should they plan a pregnancy in future?

Result. On discharge, a total of 33 women were taking one or more antipsychotics and 14 were prescribed a benzodiazepine. 24 women were discharged with antidepressants and 10 women were using a mood stabilising agent. 8 women were discharged without any psychotropic medication.

Overall, 4 women received advice about contraception, and a further 8 women were already using contraception. The impact of taking an antipsychotic on fertility was not discussed with any patient. No women were advised about pre-conception counselling. The impact of taking psychotropic medication on a future pregnancy was discussed with one woman.

Conclusion. Current practice falls well below the standard set by NICE. Opportunities to inform women are being missed, and this has implications for the wellbeing of the patient and, potentially, future children.

Action plan;

Present findings at teaching.

Deliver local teaching covering preconception counselling and the role of adult mental health teams when managing women of childbearing age.

Produce a poster for inpatients wards and an information leaflet for women of childbearing age to aid with discussions.

Create a poster for doctors' offices to remind about NICE standards and documentation.

Re-audit in 6 months.

Audit of patients absent without leave from a psychiatric intensive care unit

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Aims. We aimed to reduce the number of patients absent without leave (AWOL) by carrying out an audit of processes around granting leave for those patients and the action taken when they absconded. We also wanted to determine factors which might be associated with patients absconding.

Background. Nile ward is a 14-bedded male psychiatric intensive care unit (PICU). All patients admitted to the ward are under section 2 or 3 of the Mental Health Act. Patients who are AWOL may pose a risk of harm to themselves or others. The Royal College of Psychiatrists' Quality Network for PICUs has developed applicable standards, which include criteria on developing a leave plan, actions to take when patients are AWOL and involvement of carers.

Method. Patients who went AWOL during a six month period in 2019 from ward records. The electronic medical records for identified patients were reviewed to assess whether the following eight criteria were met: risk assessment documented; leave conditions specified; consultation with the multi-disciplinary team; crisis card provided to patients or families; risk management plan enacted when AWOL; relevant authorities informed; incident form completed; relatives/carers involved in patient's care if they consented. In reviewing the notes, factors that might have been associated with an increased risk of AWOL were also assessed in order to inform risk assessment.

Result. Six patients were identified who went AWOL during the six month period in question. For six of the criteria, all of patients' cases met the audit standards. Five patients' did have involvement of relaties/carers if they consented, but in one case no details were available for making contact. All patients lacked documented details of crisis numbers being provided before they went on leave. Preliminary findings that might be associated with an increased risk of AWOL are differing views between the patient and the treating team on the care plan and concerns about mental state.

Conclusion. The audit showed many of the standards are met. However, a quality improvement intervention is planned to ensure all audit standards are met, in particular around providing a crisis card to patients and these findings will be presented on the poster, if accepted. Further research is needed into factors which might be associated with an increased risk of absconsion in PICU.

The effectiveness of community treatment orders (CTOS) across Birmingham and Solihull Mental Health Foundation Trust (BSMHFT)

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Aims. To ascertain if CTOs ensure that patients are effectively treated in the community and maintain stability in their mental health.

If a patient requires recall(+/- revocation) that this is done in a timely fashion in according to the 1983 Mental Health Act.

Background. A number of studies have been inconclusive in determining the benefits of CTOs in reducing the re-admissions of "revolving door" patients In Assertive Outreach (AO). It is felt that CTOs have reduced readmission of patients due to the intensive input from community teams, decreased recall and subsequent revocation. Those admitted are thought to require fewer inpatient days. It is clear that many patients who require recall following non-engagement, non-compliance, will accept medication following RC review. However at present in BSMHFT patients can only be recalled if they are allocated a bed. Due to the national bed shortage, this has resulted in delays following decision to recall and thus early and effective treatment for patients. In this aspect it defeats the role of the CTO as per the 2007 MHA.

Method. CTO data from 1st April 2018 to 31st March 2019 was obtained from all 6 AOT's in BSMHFT. The following factors were considered;

1. Time between decision to recall by RC and recall to inpatient facility
2. Number of recalls converted to revocations
3. Number of inpatient bed days if revoked
4. Number of admissions on CTO
5. Patient/family agreement of CTO

Result. 98 CTO patients were recorded over this period. 19 out of 26 recalls had recall dates documented. 10 recalls were revoked due to relapse of mental illness. Average days from RC recall decision to actual recall or cancellation was 63.89 days. Main reasons for delay were bed unavailability and execution of warrant.

Following revocation, average inpatient bed days was 103.71. 41% of families agreed with CTOs, 36% of patients contested their CTO.

Conclusion. Over a quarter of patients on CTO were recalled to hospital however, less than half of these had their CTO revoked. The remainder accepted treatment following urgent community review whilst on the bed list. Evidently the majority of patients didn't need admission. With the ongoing bed crisis, alternative