

The next steps will be run as a quality improvement project addressing MDT and service-user barriers to assertive medication management:

- Trial methods to improve adherence (depot prescribing, psychoeducation, peer support)
- Encourage efficient up-titration and frequent MDT review of AP efficacy (empowering service-users self-management, care-coordinator opportunistic mental state assessments to trigger dose increase, medical review frequency)
- Identify and refer service-users suitable for clozapine

### Lithium Counselling in Women of Childbearing Age

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**Aims.** Lithium is a commonly prescribed mood stabiliser given to women of childbearing age. There are risks of teratogenicity in first trimester of pregnancy, most notably cardiac abnormalities. It is not clear whether this is highlighted to patients. Our aim was to evaluate whether women were being counselled according to NICE and BNF guidelines.

**Methods.** We analysed records for 25 female inpatients who were commenced on lithium in Goodmayes Hospital from August to September 2021 to see if lithium counselling was done and documented on Rio. This was corroborated with e-prescribing records on ePMA.

**Results.** Data were collected from 26 patients; 1 was post-menopausal (excluded), final sample size  $n = 25$ . 16% were given a lithium leaflet, 92% had trialled alternative antipsychotics, 8% were asked if planning pregnancy, 4% had the risks of lithium in pregnancy explained and 12% were offered contraception.

**Conclusion.** Lithium counselling needs to improve. We should give patients information via lithium leaflets and explain the risks when they improve in mental state. We should arrange contraception referrals if desired and signpost perinatal psychiatry team if planning a pregnancy.

### Making Sense of the Urgent GP Referrals; Audit Into How Many Are Actually Urgent?

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**Aims.** The trust policy dictates that all urgent GP referrals should be contacted within 48 hours by the duty team. The duty team carries out a telephone screening assessment and offers the patients who are deemed to be urgent, a face-to-face assessment. Those who are not assessed to be urgent are signposted to the right service.

**Methods.** All the urgent GP referrals of the month of July 2021 were followed up retrospectively and the outcome was recorded to assess the influx and outcome of urgent referrals from primary care. The urgent referrals from all other routes such as Psychiatric Liaison, and Social Services, Police etc were not included in the data.

**Results.** A total of 124 urgent referrals were received in the month of July 2021. Only 13 out of the 124 were deemed urgent following the telephone assessment and they were offered a face-to-face assessment. Fifty three patients were referred to primary care mental health team, 24 were referred to the secondary community mental health, 20 were referred to the older adults team and 10 were discharged back to the GP following. Out of the 13 who were assessed by the duty team, 6 patients were referred to primary care mental health team and 6 were referred to the secondary community mental health team. The urgent referrals came from 20 GP surgeries that cover a wide area of the rural and urban communities and the surgeries with most urgent referrals were highlighted.

**Conclusion.** Trying to work on improving the quality of urgent referrals, the team tried to analyse the results, which proved to be complicated. The efforts to standardise the referral process has depended mainly on the degree of awareness of the GPs about the way the mental health service operates considering there is a percentage of locum GPs who might not be fully aware of how mental health service works.

The recommendation of the audit is to arrange visits to the GP surgeries to work on raising awareness among GPs about the referral system to the Mental Health team. It is also recommended that the GPs should be able to complete a brief risk assessment to justify why the referred patient needs to be reviewed urgently instead of on routine basis.

### Looking at Current Practices Regarding Implementation of Covert Administration of Medication Policy

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**Aims.** The aims of the audit was to find out current practices regarding implementation of covert administration policy guidance. The Covert Medication Administration policy was introduced during the past two years, but due to ongoing pandemic, awareness of it was low. Guidelines for when making a decision to administer medication covertly were clear in the policy. Covert medication administration is a very restrictive practice, albeit clearly in a patient's best interests. Instances were found when medication for physical health was administered covertly and there isn't authority to do so under the Mental Health Act as noted in Care Quality Commission inspections.

**Methods.** The sample selection was obtained by Incident Reporting forms for covert medication prescription from which 10 patients were identified from a four month retrospective sample of geriatric psychiatric inpatient admissions at the Juniper Centre at Moseley Hall Hospital, Birmingham from April to August 2021.