

theme had been thought about at all: an in depth capturing of any of the themes did not feature in the sample.

**Conclusion.** This audit highlights important issues for improvement within the SST both in relation to better supporting STOMP and good psychotropic medication management practice, and in relation to its documentation. It also serves as a springboard to a number of initiatives that would help to turn that situation around. In the light of concerns, an early re-audit of practice is recommended.

### Antipsychotic Optimisation on an Adult Acute Inpatient Ward: A Retrospective Audit

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**Aims.** Antipsychotic prescribing in acute inpatient settings is an integral part of patient care. The aim of this audit was to review optimisation of antipsychotics on an acute adult inpatient ward in South West London and St George's NHS Mental Health Trust (SWLSTG). It was ascertained how antipsychotic prescribing on an acute ward meets NICE standards, including duration of antipsychotic use prior to medication change. Furthermore, communication of medication changes was reviewed in the context of the paramount importance of collaborative decision-making in aiding adherence. NICE recommends a 4–6 week trial of antipsychotic medication at optimal dosage. However, it was hypothesised this may vary with side-effects, adherence and risk management in the inpatient environment. To establish the relationship between these factors, data were extracted regarding antipsychotic counselling, baseline physical health investigations, antipsychotic choice, dosage and duration, side-effects and treatment response.

**Methods.** Retrospective data analysis was conducted for patients on an acute adult inpatient ward in SWLSTG. Data extracted from Rio clinical record system and EPMA prescribing software were analysed in Excel. The inclusion criteria were patients admitted or transferred to a 20-bed acute mixed adult ward from 04/08/21 to 04/11/21 with a diagnosis of schizoaffective disorder, schizophrenia, bipolar affective disorder or nonorganic psychosis. This included patients being initiated or continued on antipsychotic medication. From 71 patients, 33 met inclusion criteria. Data were extracted regarding duration of treatment prior to changes in treatment, counselling and pre-treatment investigations. Furthermore, simple statistical analyses were carried out.

**Results.** The most commonly initiated antipsychotics on admission were olanzapine (33%), quetiapine (21%), risperidone (15%) and zuclopenthixol decanoate (15%). In those requiring change in antipsychotic regime, mean duration from the start of treatment as inpatient to first change was 11.6 days, time between first and second change 13.8 days, and between second and third change 16.0 days.

The data showed in the majority (84.6%) antipsychotics were changed or up-titrated due to inadequate response. Out of the remainder 9.6% were changed due to intolerable side effects and 5.8% due to adherence concerns. In 73% of cases counselling was attempted regarding initial medication changes.

**Conclusion.** Antipsychotic therapy was altered more quickly than advised by NICE guidance in the acute inpatient setting evaluated. This can be explained by increased risk, need for intensive management and individual clinical factors including side effects and adherence. Collaborative decision making could be enhanced by ensuring that counselling is attempted for every patient.

### Achieving Engagement With Services in the Asylum Seeker and Migrant Cohort

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**Aims.** Once refugees and migrants have accessed mental health services, there are a number of potential barriers to establishing a positive therapeutic relationship with clinicians and engaging patients in treatment. WHO recommend that training programmes can help clinicians to understand and assess mental health difficulties according to different cultural explanatory models of psychological symptoms. This audit aims to explore current training of those who work with asylum seekers and migrant patients, within the MerseyCare Early Intervention in Psychosis teams.

**Methods.** A survey of 11 questions was sent out to all assessors, team managers, care co-ordinators, psychologists and doctors within the Early Intervention in Psychosis teams. Questions were asked regarding demographics of participants, their views of the difficulties and barriers of working with asylum seekers, their current level of training to work with this particular cohort of patients and their willingness to attend such training.

**Results.** 33 results were collected and consisted of a broad range of team members. Only 4 out of the 33 participants had any form of training prior to or during their time working with this cohort of patients and 3 of the 4 who had, stated that it was not specific training. Difficulties highlighted included; language barriers, cultural differences, a lack of understanding of the asylum process and a lack of knowledge for local support. All participants said they would be willing to attend training specific to working with the asylum seeker patient population.

**Conclusion.** This audit demonstrates that we are far from reaching the World Health Organisation recommendations of cultural training for all who work with asylum seeker and migrant patients. It also demonstrates a felt need amongst staff for training to be provided. Recommendations from this audit is to consider mandatory training for all staff, including; cultural training, guidance on use of interpreters and awareness of external support agencies.

### Prescribing of Psychiatric Drugs in Pregnancy: A Review of Current Practice in a Community Mental Healthcare Setting

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**Aims.** Prescribing of psychotropic medications in pregnancy is still considered a 'grey area' in clinical practice. National Institute for Health and Care Excellence (NICE) in the UK suggests that the decisions should be person-specific, considering the risks to both the mother and unborn child, and the patient is supported to make an informed decision. It is important to explore the use of psychotropic medications during pregnancy, or lack of it, and its subsequent impact on maternal mental health. It was intended to review the decisions expectant mothers are making regarding taking psychiatric medications during pregnancy, and the associated clinical outcomes. Their mental capacity for taking decisions was also checked.

**Methods.** A retrospective audit of case notes of patients ( $n = 16$ ) known to community psychiatric team (CMHT) and specialist perinatal mental health (PNS) services in Wolverhampton, who notified their pregnancy between December 2020 and December 2021. Demographic and clinical data were collected from the electronic records.

**Results.** The sample had a mean age of  $28.8 \pm 6.3$  years (range: 19 to 39 years), and 68.8% of them were Caucasian. A wide range of psychiatric diagnoses were present, most (62.5%) had comorbid diagnoses; and 25% had substance use, most commonly cannabis. Mean duration of gestation at the review following notification of pregnancy was  $14.5 \pm 7.7$  (range: 6 to 29) weeks. It was observed that 25% were not taking psychiatric medications prior to pregnancy, 43.8% stopped taking their medication prior to the psychiatric review, most stopping abruptly, and 31.2% had continued their medication. The medications included aripiprazole, olanzapine, quetiapine, venlafaxine, sertraline and promethazine. Following the review, only 18.8% continued their medications. Of the 13 (81.3%) patients who were not taking medications, 9 (69.2%) had adverse mental health outcomes, with 2 (15.4%) patients requiring inpatient care. However, later 8 (61.5%) started taking medications whilst under the care of PNS. All of them had mental capacity to decide regarding their psychiatric treatment at the review.

**Conclusion.** Most psychiatric patients avoided taking psychotropic medications initially during pregnancy, however, a considerable proportion restarted their medications following review with the perinatal psychiatry team. The majority of patients who did not take medications had negative mental health consequences. It is important to develop an evidence base about the use of psychiatric medications in pregnancy and the associated short and long-term outcomes that may help the quality of information shared with patients.

### Improving COVID-19 Vaccination Uptake in Service Users Admitted to an Acute Inpatient Psychiatric Ward

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**Aims.** It is well known that individuals suffering from mental illness have more comorbidities and lower life expectancies compared to the general population. It is unsurprising therefore, that these individuals are more vulnerable to both contracting COVID-19, and developing severe illness if infected. When patients are admitted to a psychiatric inpatient unit this offers an invaluable opportunity to ensure that unvaccinated patients are identified, and if consenting, are supported to receive whichever dose of the vaccine they require. We undertook an audit to examine the proportion of patients admitted who had not received their first, second or third dose of the COVID-19 vaccination. Reviewed in the context of gender, age, ethnicity, legal status, mental health diagnoses and additional comorbidities, in order to determine any trends that might assist in improving uptake. We then repeated the audit aiming to offer the appropriate COVID-19 vaccination to every newly admitted unvaccinated patient. If refused, to then counsel reluctant patients, providing simple, understandable vaccine information, and to re-offer vaccination.

**Methods.** The audit took place on a mixed adult psychiatric inpatient ward in London.

The first cycle of the audit was completed retrospectively. Data were collected from the electronic notes of new admissions from November and December 2021 (total 41). This included information on COVID-19 vaccination status, and documentation of vaccines offered and administered during admission. Additional information was also compiled to calculate risk stratification scores.

Subsequently, we repeated the audit cycle for admissions in January and February 2022 (on-going). However, this time with the aim that all patients have their COVID-19 vaccination status documented promptly, and that their next vaccination is offered/administered during admission if required.

**Results.** Results from the initial audit cycle showed 33/41 patients had not received a full set of COVID-19 vaccinations (or no vaccination record found). Only 6/33 unvaccinated patients were offered the next vaccination during admission, and 3/33 actually received one. 21/33 patients without a full set of vaccinations were BAME (Black, Asian and minority ethnic).

Initial results from the second cycle showed an improvement in the number of patients offered the vaccine. 5/10 unvaccinated patients were offered vaccines in January, however data collection is ongoing.

**Conclusion.** Although our data set is not yet complete, initial results show that a simple intervention such as early identification of unvaccinated patients on admission, can act as a prompt to clinicians to ensure vaccines are offered. Thereby, increasing vaccine compliance in this vulnerable patient group.

### The Prevalence of Electrocardiogram (ECG) Changes in Patients on Clozapine

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**Aims.** Clozapine is an atypical antipsychotic primarily used in the management of individuals with schizophrenia and schizoaffective disorders, prescribed to those with symptoms unresponsive to alternate antipsychotic medications. Clozapine is known to have cardiovascular side effects and is associated with an increased risk of significant cardiac events including myocarditis, cardiomyopathy, and sudden cardiac death. Regular electrocardiogram (ECG) monitoring is recommended to facilitate early detection of cardiac complications. This study aimed to identify the prevalence and evaluate the nature of ECG changes, assessing for tachycardia and corrected QT (QTc) interval prolongation, in patients prescribed Clozapine, and to determine whether the appropriate action was taken following identification of these changes.

**Methods.** We conducted retrospective data collection examining consecutive ECGs of 50 adult patients prescribed Clozapine within the East sector of the Cherrywood Outpatient Psychiatry Department at The Royal Oldham Hospital. Patients were identified using the clinic's Clozapine database. The PARIS electronic record system and patient written notes were utilised to obtain patient demographics, diagnoses, and ECGs. We assessed rate, rhythm and QTc intervals amongst the ECGs taken and compared the most recent ECG findings with those from previous ECGs.

**Results.** Of the 50 patients prescribed Clozapine, 34 were identified as having 2 consecutive ECGs in their notes, enabling ECG comparison and assessment for changes. Amongst these 34