

**Aims.** To compare the Emergency Department (ED) referrals to psychiatry in a suburban versus an urban setting over a one-month to evaluate mental health presentations characteristics across two locations.

**Method.** This study was a retrospective cross-sectional study examining ED referrals to psychiatry in an inner-city and suburban centre over one month; - one based in an inner-city setting, the other based in a suburban area outside the city. The anonymised data were collected from both hospital's electronic patient records and analysed. The authors collected data on gender, age, employment, housing, the clinical problem at presentation, time of assessment and admissions. Descriptive data and hypothesis testing were performed where appropriate using Statistical Package for Social Sciences SPSS® version 26.

**Result.** The total number referred was 213: inner-city  $n = 109$  and suburban  $n = 104$ . The inner-city saw a younger population; 47/109 (43%) were aged between 20 and 29 years, compared with 28/104 (27%) of suburban presenters ( $P$ -value 0.0134). A higher number of presenters were aged over 60 years in the suburban centre  $n = 13/104$  (12.5%) versus the inner-city centre 3/109 (2.8%) ( $P$ -value 0.0084). In the inner-city, the proportion of homeless presenters was significantly higher at 30/109 (28%) versus 5/104 (4.8%) in the suburban setting ( $P < 0.0001$ ). Presentations related to substances were highest, a total of 73 (34.3%) across both centres, with no significant difference in clinical presentations across the two centres. The majority were seen in the on-call period, 74/109 (67.9%) in the inner-city centre and 66/104 (63.5%) in the suburban centre. The psychiatric admission rate was significantly different between the two centres, with 33/109 (30.3%) patients admitted to the inner-city centre and 13/104 (12.5%) patients admitted to the suburban centre ( $P$ -value 0.002).

**Conclusion.** A large proportion of ED referrals to psychiatry constitute patients with unmet social and addiction needs. The variance in capabilities of liaison psychiatry (LP) and ED services means the local population's needs may not always be adequately catered for within a typical LP setting, which in the Irish context is predominantly driven by medical and nursing staff. This study highlights many patients attend the ED who may be better assessed directly by the community as per our National Emergency Program policies. This prompts consideration of expanding both ED and community services to comprise a more integrated, multidisciplinary-resourced, 24/7 care model.

### **Audit of high dose antipsychotics (HDA) prescribing on high dependency unit (HDU) and acute ward, Nepean Mental Health Centre, Nepean Blue Mountains Local Health District, Sydney, Australia**

Adil Jawad\*, Kristof Mikes-Liu, Christopher Mah and Khyati Roy  
Nepean Blue Mountains Local Health District

\*Corresponding author.

doi: 10.1192/bjo.2021.862

**Aims.** To measure the rate of patients receiving high dosage antipsychotics.

To review the adherence to maximum recommended doses of antipsychotics as per the product information approved by Australian Therapeutic Goods Administration, product information approved by Medsafe (the New Zealand Medicines and Medical Devices Safety Authority) and Therapeutic Guidelines (Psychotropic Writing Group, 2013)

**Background.** High dose antipsychotics or combination of antipsychotics are associated with significant adverse effects including QTc prolongation, arrhythmias, sudden cardiac death, seizures, increased incidence and severity of adverse effects, longer hospital stay and possibly increased mortality. High dose antipsychotic prescribing may arise as a result of EITHER single antipsychotic drug prescribed at a daily dose above the recommended limit (High Dose single drug) OR More than one antipsychotic prescribed concurrently where the sum of doses given expressed as a percentage of the SPC maximum of each drug exceeds 100% (High-Dose through the prescribing of multiple drugs).

**Method.** The data were gathered from all the drug charts for all patients admitted to HDU and Acute ward on 9th April 2019. The Audit standards were 1) Individual antipsychotic dose should be within recommended limit as 100% and 2) Combined antipsychotics should be within recommended limit as 100%

**Result.** Total number of patients on both the HDU and Acute wards = 33

Total number of patients on antipsychotics = 30

Number of patients on > 100% of recommended cumulative dosage = 13/30 = 43.3%

Number of patients on > 100% maximum limits of regular antipsychotics = 3 = 10%

Number of patients on > 100% maximum limits of PRN antipsychotics = 0/30

Number of patients on 2 antipsychotic = 18/30 = 60%

Number of patients on 3 antipsychotic = 8/30 = 26.6%

Number of patients on 4 antipsychotic = 2/30 = 6.6%

**Conclusion.** Out of the 30 patients on antipsychotics, almost half were on more than 100% of the recommended cumulative maximum limits of antipsychotics doses, almost 2/3rds were on 2 or more antipsychotic and a quarter on 3 or more. This can be associated with significant adverse effects including QTc prolongation, arrhythmias, sudden cardiac death, seizures, increased incidence and severity of adverse effects, longer hospital stay and possibly increased mortality. There is a need to review PRN antipsychotics prescribed as a norm, clear documentation and need for a protocol for increased vital sign monitoring for patients on high dose antipsychotic treatment.

### **Audit report of physical health examination and baseline investigations on high dependency unit (HDU) and acute ward, Nepean Mental Health Centre, Sydney, Australia**

Adil Jawad\*, Kristof Mikes-Liu, Christopher Mah,  
Amgad Elmakki and Riffat Fatima

Nepean Hospital, Mental Health Centre

\*Corresponding author.

doi: 10.1192/bjo.2021.863

**Aims.** All patients on High Dependency Unit (HDU) and Acute Ward, Mental Health Centre, Nepean Hospital, were included in a cross-sectional audit on 22nd January 2020. Out of a total of 43 patients admitted on both these wards, 88.4% had baseline blood tests done, but almost half did not have baseline ECG done and 1/3rd did not have a physical examination done. The physical examination on admission on these wards is better than in 2017 & 2018 when half and more than 1/3rd respectively did not have physical examination done.

## “Lost between the interface of physical and mental health”: focus groups exploring liaison psychiatry staff’s perception about working during the first wave of the COVID-19 pandemic in Birmingham and Solihull Mental Health Foundation Trust

Saima Jehanzeb<sup>1\*</sup>, Muhammad Suleman<sup>2</sup>, Ella Tumelty<sup>3</sup>, Joanne Okusanya<sup>3</sup>, Laxsan Karunanithy<sup>3</sup>, Lucretia Thomas<sup>3</sup>, Dhruva Bagchi<sup>1</sup> and Mahnaz Hashmi<sup>1</sup>

<sup>1</sup>Birmingham and Solihull Mental Health NHS Foundation Trust;

<sup>2</sup>Birmingham Community Healthcare NHS Foundation Trust and

<sup>3</sup>Medical School, College of Medical and Dental Sciences, University of Birmingham

\*Corresponding author.

doi: 10.1192/bjo.2021.864

**Aims.** As the COVID-19 pandemic continues, increasing attention is being drawn to the welfare of healthcare providers who have endured many months of sustained exposure to the virus, disrupted working conditions and psychological stress. This project aimed to explore the subjective experiences of staff working in Liaison Psychiatry (LP) in the Birmingham and Solihull Mental Health Foundation Trust, (BSMHFT) during the first wave of the COVID-19 pandemic. These findings have been used to devise recommendations for subsequent waves.

**Method.** Data collection occurred as part of a mixed method service evaluation project. We invited all clinical and non-clinical staff from LP departments across BSMHFT to participate in focus groups conducted via Microsoft Teams. The focus groups were video-recorded and facilitated by a moderator and an observer. Subsequent anonymised transcripts were coded and themes were generated by at least two evaluators, using thematic analysis.

**Result.** The focus groups, which ranged from 21 to 69 minutes, involved consultants, junior doctors and nurses from four hospitals within BSMHFT. Six major themes emerged including an initial reduction in number yet increase in acuity of patients seen by LP, with some perception that this resulted from reduced face-to-face contact with community mental health services. A feeling that LP was lost at the interface between the physical and mental health trusts emerged as another theme. Uncertainty in adapting to unprecedented working conditions, for example, unclear guidance concerning the use of personal protective equipment, was also described alongside anxiety about contracting and transmitting SARS-Cov-2. Additionally, increased pressure was felt due to staff shortages and inadequate inter-departmental communication. Participants reported differential uptake of remote working, as well as conflicting views regarding the feasibility of remote assessments in LP.

**Conclusion.** Liaison psychiatry staff within BSMHFT continued to provide a crucial service during the COVID-19 pandemic. Focus groups with these staff indicate several recommendations for implementation within the Trust and provoke questions for future research. Due to the unique role that LP plays in providing mental health care within general hospitals, clear guidance for LP staff is key for effective service provision and supporting LP staff. Although used widely across community mental health services, the role of remote working in LP is contentious and requires further exploration. However, there are limitations to the use of focus groups and these findings may not fully represent the experiences of LP staff throughout BSMHFT. Different themes may have emerged through the use of anonymous questionnaires.

## The impact of first COVID-19 peak on patient referrals to Liaison Psychiatry Service and staff perception about service provision in Birmingham and Solihull Mental Health Trust Birmingham - a service evaluation project

Saima Jehanzeb<sup>1\*</sup>, Muhammad Suleman<sup>2</sup>, Ella Tumelty<sup>3</sup>, Joanne Okusanya<sup>3</sup>, Laxsan Karunanithy<sup>3</sup>, Lucretia Thomas<sup>3</sup>, Rebecca Marshall<sup>1</sup>, Dhruva Bagchi<sup>1</sup> and Mahnaz Hashmi<sup>1</sup>

<sup>1</sup>Birmingham and Solihull Mental Health NHS Foundation Trust;

<sup>2</sup>Birmingham Community Healthcare NHS Foundation Trust and

<sup>3</sup>Medical School, College of Medical and Dental Sciences, University of Birmingham

\*Corresponding author.

doi: 10.1192/bjo.2021.865

**Aims.** Based on recommendations from the Royal College of Psychiatrists, this project aimed to evaluate the impact of the first peak of the COVID-19 pandemic on referral patterns to the Queen Elizabeth Hospital Birmingham (QEHB) Liaison Psychiatry (LP) service. Additionally, we aimed to explore staff experiences in LP services across Birmingham and Solihull Mental Health Trust (BSMHFT) in order to generate Trust recommendations promoting optimal healthcare provision amidst the on-going pandemic.

**Method.** A mixed method service evaluation was conducted using quantitative and qualitative analysis. Quantitative methods involved reviewing referrals made to the QEHB LP service from March to June 2020, compared with the equivalent time period in 2019. Data were retrospectively extracted from the electronic clinical databases RIO and PICS, and subsequently analysed using Microsoft Office. The number of, and reasons for referrals to LP were identified, whilst focus groups were conducted to explore the subjective experiences of staff working across BSMHFT LP services.

**Result.** Between 1st March and 30th June 2020, 984 referrals were made to the QEHB LP service, compared to 1020 referrals in 2019, representing a 3.5% reduction. From 2019 to 2020, referrals due to psychotic symptoms and deliberate self-harm rose by 12.8% and 14.1% respectively, whilst referrals for drug and alcohol-related causes reduced by 28.3%. A significant increase (150%) in referrals for medication or management advice was seen. Focus groups indicated that staff perceived an initial reduction in number of referrals, but an increase in the acuity of patient presentations.

Staff reported anxiety around contracting and transmitting SARS-Cov-2, exacerbated by uncertainty around patients’ COVID-19 status. In QEHB, sixty-five of the 984 referrals (7%) had a positive SARS-Cov-2 PCR swab, with the remaining 919 referrals being either negative (68%) or unknown (25%). Ninety-six percent of consultations were conducted face-to-face in QEHB. There were conflicting views amongst staff regarding whether more consultations could have been conducted remotely. Furthermore, varying perceptions of support and communication from both the physical and mental health trust were reported.

**Conclusion.** Quantitative data indicates that COVID-19 impacted LP healthcare provision in BSMHFT. Whilst referral numbers remained similar between the equivalent period in 2019 and 2020, a change in the nature of referrals to LP at QEHB was seen. This was corroborated by qualitative data which highlighted a perceived change in acuity of referrals. These findings have been disseminated across the Trust and subsequent recommendations are being implemented during the on-going pandemic.