

September 2024, identifying atypical descriptions of psychotic phenomena as indicated in the ICD–11 criteria.

**Results:** Over the study period, 16 men with psychosis and neurodevelopmental conditions were managed. The abnormal phenomena recorded included both classical descriptions similar to the general population and some atypical descriptions also.

In addition to bizarre, persecutory and grandiose ideas, other abnormal beliefs were reported as “bad thoughts”, and “paranoia”. Somatic, visual, and auditory hallucinations were also documented. Second- and third-person auditory hallucinations were experienced as external, located inside the head, or in some cases unclear. Abnormal thinking processes were described as “muddled thoughts” or “my head is screwed”. Clinicians also highlighted muddled conversation, disjointed thoughts, speaking in unfamiliar (non-existent) language, repetitive speech, minimal effective conversation, perplexity and loosening of associations. Negative symptoms were quite common including grossly disorganised behaviours such as agitation, combativeness, physical and sexual violence.

**Conclusion:** Core features of neurodevelopmental disorders may be misinterpreted as symptoms of psychosis and when psychotic phenomena are described atypically, clinicians may miss the diagnosis often with negative consequences for the patients.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## From Baseline to Recovery: An Audit of Pre- and Post-ECT (Electro Convulsive Therapy) Patient Assessments

Dr Saba Ansari and Dr Sujatha Maiya

Lanarkshire, Bellshill, United Kingdom

doi: [10.1192/bjo.2025.10335](https://doi.org/10.1192/bjo.2025.10335)

**Aims:** The audit was conducted to evaluate the effectiveness and procedural compliance of pre- and post-Electroconvulsive Therapy (ECT) assessments in accordance with the Scottish Electroconvulsive Therapy Accreditation Network (SEAN) Standard. Specifically, it assessed whether healthcare professionals are adhering to protocols by conducting the required Montreal Cognitive Assessment (MoCA), Montgomery–Åsberg Depression Rating Scale (MADRS), and Clinical Global Impression (CGI) evaluations. The goal is to enhance patient care and ensure strict adherence to established SEAN standards.

**Methods:** The audit utilized a retrospective analysis of patient records who received ECT in the two years 2022 and 2023. The focus was on the completeness of the MoCA, MADRS, and CGI assessments pre-ECT, immediately post-ECT, and during follow-ups at three and six months. ECT notes and digital notes were collected, and ECT packs were scrutinized to collect the data of the patients.

**Results:** Out of 32 patients evaluated, 20 underwent a Montreal Cognitive Assessment (MoCA) prior to electroconvulsive therapy (ECT). It was not feasible to conduct the assessment for 6 patients, and it remains not done for another 6. Post-ECT, only 10 patients have completed MoCA, with none receiving follow-up assessments at 3 or 6 months. Regarding the MADRS (Montgomery–Åsberg Depression Rating Scale), 28 patients were assessed before ECT. Two were unable to undergo this assessment, and it was not performed for another 2 patients. Post-ECT, 11 patients have completed their MADRS, but no follow-ups have been conducted at 3 or 6 months. For the Clinical Global Impression (CGI) scale, assessments were completed pre-ECT for 26 patients, with 2 unable to participate. Post-ECT, the CGI was completed for 13 patients, but there has been no follow-up at 3 or 6 months.

**Conclusion:** The audit reveals that while the pre-ECT MOCA, MADRS, and CGI assessments met established standards, there were notable gaps in the completion of post-ECT evaluations. Particularly concerning was the poor completion rate of these assessments at both the 3-month and 6-month intervals. To address this, the audit recommends implementing robust processes to ensure the consistent and timely completion of these crucial assessments, which are essential for evaluating not only the therapeutic efficacy of ECT but also its cognitive side effects. Additionally, the audit suggests the establishment of specialized clinics staffed by senior-level specialist nurses to conduct these assessments. This approach would not only facilitate the collection of comprehensive data on the effectiveness of ECT but also enhance research into its cognitive aspects.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Challenges and Best Practices in Consent to Treatment at University Hospital Wishaw

Dr Saba Ansari<sup>1</sup> and Dr Laura Inglis<sup>2</sup>

<sup>1</sup>Lanarkshire, Bellshill, United Kingdom. and <sup>2</sup>University Hospital Wishaw, Wishaw, United Kingdom

doi: [10.1192/bjo.2025.10336](https://doi.org/10.1192/bjo.2025.10336)

**Aims:** We aimed to assess adherence to the Mental Health Act Code of Practice within University Hospital Wishaw’s inpatient psychiatry setting, focusing on the documentation of consent to treatment for patients under Compulsory Treatment Orders (CTO). Compulsory Treatment Orders (CTO) authorize the treatment of mental disorders under specific legal and ethical guidelines, requiring meticulous documentation of consent. Initial reviews highlighted poor electronic documentation standards for patients under CTOs, prompting a proposed practice change to include scanning and filing consent forms electronically.

**Methods:** An initial review was conducted in December 2022 across three inpatient wards at Wishaw General Hospital, covering 57 patient records to establish the presence and adequacy of T2 and T3 documentation. A follow-up review in January 2025 re-examined 65 records to assess improvements in electronic record-keeping and documentation practices following the implementation of the proposed changes.

**Results:** The 2024 review showed that all patients under CTOs had their T2B or T3B forms properly documented in physical and electronic formats. However, only 70% had their consent status adequately recorded in the electronic clinical notes. This marked a significant improvement in electronic record-keeping from the initial 2022 review.

**Conclusion:** The integration of scanned consent forms into electronic records has enhanced the accessibility and quality of documentation, allowing for better coordination of care across multiple units. Despite these improvements, the consistent documentation of patients’ capacity and consent status during clinical reviews remains a challenge. Ongoing education for medical staff and further reviews are recommended to ensure continuous adherence to the Mental Health Act Code of Practice and improve documentation practices.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.