

audit, none of the patients on HDAT had documented consideration of Clozapine. Three of the four patients were soon to be no longer subject to HDAT which may explain this result. Compared to the Trust's HDAT audit in 2020, the percentage of patients on combination antipsychotic therapy has stayed largely the same - 16.3% compared to 17.4%. The Trust needs to strive to continue minimal HDAT prescriptions and ensure that, in those patients subject to HDAT, there is consideration of and documentation of Clozapine being considered.

Changing Patient Profile in a Psychiatric Hospital During COVID Pandemic: A Comparison With Pre-COVID State

Dr Nilamadhab Kar and Dr Stephen Amarjeet Jiwanmall*

Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom

*Presenting author.

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Aims. COVID-19 pandemic has a massively adverse mental health impact and people with pre-existing psychiatric illnesses are one of the most severely affected groups. We intended to study the changes in the patient profile in a psychiatric hospital during the COVID-19 pandemic, comparing it to the period just before the pandemic.

Methods. Consecutive patients (n = 210) admitted to psychiatric ward under one team during COVID-19 pandemic (February 2020 to January 2022) were compared with patients (n = 234) admitted in the immediate pre-pandemic period (January 2017 to January 2020). Demographic (age, gender, and ethnicity) and clinical variables (diagnosis, admission days, Mental Health Act status, risk to self and others) were collected from the electronic patient records and analysed.

Results. During the pandemic monthly admission rates have gone up by 38.1% over the base rate of 6.32/month. There was no difference in the mean age at admission; or the proportion of patients aged 18–40 years or above in the pre-pandemic and pandemic groups. Similarly the gender composition of patients in the two periods was comparable. Proportion of patients from Asian background increased from 7.7% to 16.8% during pandemic period ($p < 0.05$). The number of hospital days decreased from 31.97 ± 45.8 days in the pre-pandemic period to 22.44 ± 25.1 days during pandemic ($p < 0.05$). Along with increased admission rates, it suggested a rapid flow of the admission and discharge during the pandemic. Considering diagnostic composition between pre-COVID-19 and COVID-19 periods, psychotic (27.8% v 26.7%) and mood disorders (18.8% v 23.3%) were the predominant; and substance related disorders (20.5% v 16.7%) were the most common comorbidities. Risk to self was associated with 84.3% admissions during the pandemic compared to 78.6% in the pre-pandemic period; however, risk to others was noted in 13.8% v 22.2% ($p < 0.01$) respectively. There was no difference in proportions getting admitted under Mental Health Act or being discharged with Community Treatment Order. Interestingly, proportions of patients getting discharged under the care of Home Treatment Team decreased from 31.1% pre-pandemic to 16.5% during pandemic period ($p < 0.005$).

Conclusion. There is an increase in admission rate and decrease in the number of admission days, suggestive of increased demand of clinical resources during pandemic. This could be reflective of the stressful situation and adverse impact on mental health in the pandemic period. As the impact on mental health is expected to continue, there is a need for greater resources both in community and inpatient psychiatric services.

A Service Evaluation of the National High Secure Deaf In-Reach Service

Dr Gurpreet Kaler*

Rampton Hospital, Retford, United Kingdom

*Presenting author.

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Aims. The National High Secure Deaf Service at Rampton Hospital provides inpatient assessment, treatment and rehabilitation for D/deaf* males living with a range of difficulties including complex responses to trauma, mental health difficulties and/or learning disabilities. In 2011, the Deaf Prison In-Reach Service was established in conjunction with Yorkshire Specialist Commissioning Group and Nottinghamshire NHS Trust aiming to provide specialist support to D/deaf prisoners. * 'D' = Deafness as a culture, 'd' = deafness as a medical disability.

Methods. The team evaluated the service to raise awareness of the specific needs of D/deaf prisoners by identifying and describing characteristics, demographics, trends and patterns within existing data as well as highlighting the nature of offences, prevalence of trauma and length of time over tariff. A secondary aim was to identify areas for development to adequately meet the needs of D/deaf prisoners.

Results. After reviewing data for 29 prisoners (female = 3, male = 26), the most common source of support offered by the DPRIS was signposting (over 50%), followed by direct individual work (with nursing or psychology), assessment and consultancy.

Since 2011, the DPRIS has assessed 30 individuals and completed over 717 prison visits for assessments and interventions. Whilst this has been acknowledged as a small number, it has been attributed to the difficulties locating D/deaf prisoners and lack of awareness regarding the DPRIS. Currently, referrals to the DPRIS come from prison healthcare staff, but this fails to address the wider specialist needs of this population: basic communication needs, occupational needs and risk reduction work. It also excludes individuals unknown to healthcare.

Direct engagement with the DPRIS included: focused risk reduction work, anger management, mental health monitoring, and 1:1 psychology work. Prior to involvement from the DPRIS, five individuals declined to engage in prison therapy. With support from the DPRIS, two were transferred to more appropriate placements, one was recommended for transfer (not transferred) and one received mental health monitoring (nursing). One continued to decline which could be attributed to potential (lack of) motivation/readiness.

This evaluation supports the need for specialist interventions to ensure equitable access to recovery and rehabilitation.

Conclusion. What Next?

It is hoped that the unique needs of this population will be communicated amongst professionals and steps will be made to address these as previously recommended in reports from the BDA (2016) and the Howard League.

Homophobic Abuse & LGBTQ+ Well-being in the Acute Psychiatric Setting

Dr Edward Kane*, Dr Miranda Lloyd, Dr Maeve Malley and Dr Thomas Fox

Oxleas NHS Foundation Trust, London, United Kingdom

*Presenting author.

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Aims. Homosexuality was declassified as a mental illness in 1973 however LGBTQ+ (lesbian, gay, bisexual, transgender, queer