information gaps were identified prior to the preadmission meeting and timely requests made. There were reflections on the relational aspect of the information sharing process.

Management of Clozapine Induced Hypersalivation on Slow Stream Rehabilitation Ward

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Aims: Sialorrhoea (hypersalivation), a common side effect of clozapine can impact the quality of life of patients. At present, no drugs are licensed to manage clozapine-induced hypersalivation, but there are various practical and pharmacological management options included in literature. These include chewing sugarless gums during the day. At night, covering the pillow with a towel, elevating the head and sleeping on the side may reduce aspiration risk. With regard to pharmacological treatment, the first step should be to review the clozapine dose and reduce it if possible. The second step is to consider adding anticholinergic, antihistaminergic and adrenergic drugs and substitute benzamides such as amisulpride. There is also consideration of injecting botulism toxin to salivary glands.

Methods: We retrospectively audited the case notes of all six patients on clozapine in our male inpatient slow-stream rehabilitation service to assess if we have actively attempted to manage clozapine-induced hypersalivation side effects. We searched keywords 'hypersalivation', 'drooling', 'pillow', 'saliva' to identify case note entries and collected data on strategies used to manage hypersalivation. We reviewed past and current prescriptions and doses.

Results: Age ranges of our patients varied from 26 to 65. All six patients reported hypersalivation as a side effect. All patients had clozapine within therapeutic range with no option to reduce further. One patient preferred not to be on any medication to manage this side effect. All other patients had tried hyoscine hydrobromide tablets first. The tablet has a half-life of 4 hours. One patient was due a dose review of hyoscine due to ongoing hypersalivation. Three patients had been asked to suck or chew the tablets. Prior to this they had been swallowing the tablets. Two patients had tried the hyoscine patch (which lasts approximately 72 hours) but had found it not helpful. One patient had tried trihexyphenidyl tablets but then requested to change back to hyoscine. One patient had tried atropine drops following a trial of hyoscine tablets and patch. He then tried amisulpride with no impact and subsequently found trihexyphenidyl beneficial. All patients were monitored for worsened constipation with addition of anticholinergics.

Conclusion: The audit identified the need to proactively and systematically manage hypersalivation. It was also noted that practical interventions like raising the pillow, chewing gum during day were not routinely tried. We plan to re-audit the service in a year's time to see if there is any improvement in use of management

strategies and also measure hypersalivation using Nocturnal Hypersalivation Rating Scale and the Drooling Severity and Frequency Scale.

Effectiveness of Zonal Observation in Reducing Restrictive Practices on a Male Psychiatric Intensive Care Unit (PICU) Over a One-Year Period

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Aims: We aimed to reduce the use of seclusion, 1:1 and 2:1 observations in our PICU, without compromising safety, by introducing zonal observation levels which is considered less intrusive, allowing greater privacy for the patient and better engagement.

Hypothesis: We expect a reduction in number of enhanced observations with no change in levels of aggression with a further reduction in the second survey as staff become more confident in using zonal observations.

Background: PICUs often rely on enhanced observations, such as 1:1 or 2:1, to reduce violence and aggression. However, these practices have limited evidence of effectiveness and are frequently perceived negatively by staff and patients. At Willow Suite, a 12-bed male PICU, zonal observations were introduced in January 2024 as a less restrictive alternative. This approach involved designating staff to specific zones for proactive engagement with patients while maintaining safety and improving patient experience.

Methods: Data were collected from clinical records and incident reporting systems for three periods: pre-implementation (November–December 2023), immediate post-implementation (January–February 2024), and 10 months after implementation (November–December 2024). Key metrics included incidents of violence, seclusion episodes, and the duration of enhanced observations.

Results: The duration of enhanced observations reduced significantly, from a total of 51 days to 22 days in the first 2 months and maintained the same 10 months later. The average length of enhanced observations decreased by 58% immediately post-implementation, from 8.5 days per incident to 3.6, and further reduced to 3.1 days after 10 months. Seclusion episodes initially increased from 6 to 11 as staff were adapting to the new system, but the average length of seclusion dropped from 3.2 to 2.2 days with 55% of seclusions lasting a day or less. After 10 months, seclusion incidents had reduced further to 10 with average length of 2.5 days.

The length of all restrictions combined reduced from 70 days (average length 5.8 days) to 17 (average 2.7) in the first 2 months and to 11 (average 2.9) 10 months later.

There was no increase in incidents of violence and aggression in the initial 2 months and a reduction 10 months later.

Conclusion: The results suggest that zonal observations successfully maintained safety while reducing restrictive practices in our PICU

over a one-year period. Other benefits observed were improvement in staffing consistency, increased staff confidence in managing clinical risks as well as patients reporting improvement in overall experience and engagement.

Using Machine Learning to Predict Response to Inpatient Rehabilitation for FND Patients

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Aims: Technology has been rapidly expanding in the medical field, of late, AI has been adopted cautiously and is slowly being integrated to practice. Functional Neurological Disorder (FND) patients have a variety of different presentations and premorbid conditions that greatly affect their response to rehabilitation. Currently, there is no admission formula or criteria available that can assist the assessing clinician on suitability for inpatient rehabilitation regarding rehabilitation prognosis.

The aim of this study is to design an admission formula using machine learning to predict rehabilitation prognosis; whether individuals with FND would benefit from inpatient rehabilitation by generating prognostic factors based off data collected from other FND patients who have received inpatient rehabilitation.

Methods: Retrospective review of FND patients admitted for inpatient rehabilitation. Over a 4-year period (2021–2024), 55 patients were admitted for FND neurorehabilitation, of which, 48 patients were used in the dataset due to lack of necessary data. Data was extracted from medical records and department databases to create a comprehensive dataset. The model was trained and tested by logistic regression, with a data set that was split into 70% training and 30% testing.

Results: The UK Functional Assessment Measure (UKFIM+FAM) was used to measure outcomes and patients were divided into two categories: improvement in FIM+FAM outcome above 25% from baseline or below. We discovered the model was 86% accurate in predicting the FIM+FAM outcome.

Conclusion: Machine learning may act as a tool that clinicians can use when assessing suitability for inpatient rehabilitation. Although there are limitations, namely, appropriate assessment scales and data-set size, the model is able to predict rehabilitation outcomes with 86% accuracy. Since this is supervised-learning, we expect with time and a larger data set, there will be improvement in accuracy.

Suicide Prevention Strategies for Older People with Mental Health Challenges in Tower Hamlets Centre for Mental Health: A Qualitative Study

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Aims: Suicide remains one of the leading causes of death worldwide, with rates among older adults increasing steadily. Older people face higher suicide completion rates, especially in 45–49 and 90+ age group. The impact of suicide on society is profound, underlining the need for targeted interventions for this demographic.

This project follows the Triple Aim framework to improve overall health system by:

Enhancing suicide prevention in older populations through mental well-being promotion.

Increasing awareness and improving patients' experience by creating a supportive, responsive environment.

Developing a replicable model across healthcare settings, contributing to broader suicide prevention efforts.

Methods: Focus groups were conducted with 3 cohorts: patients, families and staff. 4–8 participants were recruited for each group using purposive sampling method. Semi-structured interview was conducted to explore their views on suicide prevention, their challenges, and expectations.

Results: Many patients identified negative emotions: stress and overthinking are contributing factors. Many find feelings of guilt/hopelessness, bereavement particularly challenging. Additionally, social isolation, physical health problems and poor sleep also lead to suicide.

According to staff, many patients lack access to service due to language barrier, immobility/disabilities, socio-economic deprivation and limited access to technologies. Cultural beliefs and stigma play a major role. Staff also highlighted that role transition to retirement results loneliness/isolation.

Preventive strategies include normalisation and promoting awareness in public. Having representation in peer support group can improve stigma in minority. Social interventions can aid role transition and provide sense of belonging. Integrated care with multiple touchpoints from emergency care to community/GP follow-ups alongside with multidisciplinary approach with occupational therapist and psychologist are crucial in providing patient-centred care.

Conclusion: These focus groups underscore the importance of suicide prevention for older people. The insight gained will inform future strategies and prioritise change ideas in our service.