

A Survey of Transitions of Young People From Child & Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS)

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Aims. To evaluate current transition service provision from CAMHS to AMHS focusing on information sharing, transition planning and continuity of care. Many young people find service transition from CAMHS to AMHS stressful, sometimes because of there being multiple simultaneous transitions from child centred services to adult oriented models of care. If not handled well, this can lead to drop out from services, repeated assessments, suboptimal treatment and support, and raised likelihood of emergency psychiatric admissions. Longitudinal planning and sensitive management of transition is vital, because of transition being a risk period for young people.

Methods. A retrospective case note survey of service users who had transitioned from 1st February 2020 to 31st January to 2022 was undertaken. Fifteen individuals transitioned: 9 females and 6 males. All were White British except for one who was Sudanese and an asylum seeker. Six out of 15 young people had a diagnosis of Autism Spectrum Disorder (ASD) in addition to other diagnoses making transition more difficult, as more agencies were involved requiring multiple meetings prior to transition to adult services. One case of emerging personality disorder, despite our best efforts for smooth transitioning, had already disengaged from CAMHS.

Results. Most individuals transitioned successfully to adult mental health services. Two were transferred to learning disability, and one to early intervention in psychosis services, the diagnoses having been confirmed by the treating psychiatrist near the patient's 18th birthday. One was transferred to a rehabilitation service. Only one referral was declined.

The transition pathway is patient centred, and provides clear transition plans to young person, family and carers. In the past 4 months AMHS, because of lack of resources, have not been able to identify a named worker till a few weeks before the patient's 18th birthday, which conflicts with NICE guidelines.

Conclusion. An effective transition service was found to include

- A designated psychiatrist to facilitate smooth transition of complex cases to AMHS, providing continuity of care, good intra and inter agency working and maximising patient welfare.
- CAMHS preparation of young persons for transition commencing six months before their 18th birthday.
- Prior researching of best transition destinations.
- An overlap period of CAMHS/AMHS joint working.
- Identified CAMHS and AMHS transition coordinators.
- Patient and family engagement with process.
- Mindfulness and awareness of AMHS eligibility criteria.

Monitoring of Patients Who Presented With First Episode Psychosis, Under the Early Intervention Team, Against NICE Guidance for Psychosis and Schizophrenia

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Aims. To assess the monitoring of patients who present with first episode psychosis (FEP), who are commenced on antipsychotics, under the early intervention team (EIT), in accordance with NICE guidelines. Patients diagnosed with FEP are usually treated with atypical antipsychotic's hence have a higher chance of developing metabolic syndrome, thus screening for physical health is imperative.

Methods. This was a retrospective audit of patients with FEP, started on antipsychotics, under the EIT, between the 1st January 2020 to 31st December 2020. The date range allowed for a complete data set, as well as to assess the impact, if any, of COVID-19. A sample of 26 patients were identified by the EIT of which, once inclusion criteria was applied, 21 were audited.

Compliance was calculated on investigations being completed at every stage, as defined in the standards. For example: blood pressure had to be measured at 12 weeks and 1 year to be compliant with the standard. Data collection and analyses was completed using the IT system 'Rio' and Microsoft Excel.

Results. There was an overall compliance rate of 51%. The results showed no patients had their weight/BMI monitored as per guidelines. Waist circumference was not measured in any patients. 43% met the monitoring standards for pulse and blood pressure. On further analysis, by 1 year 90% of patients had their pulse and blood pressure checked. Blood lipids were correctly monitored in 48% of cases, nevertheless when the results were broken down, 86% of patients had been monitored within a year. Prolactin monitoring occurred correctly in 52% of patients. Blood tests including full blood count, urea and electrolytes and liver function tests adhered to guidance greater than other parameters at, 86%, 86% and 90%, respectively. 48% of patients had plasma glucose/HbA1c monitored. An ECG at 1 year was obtained in 67% of the patients.

The compliance rate may have been lower than expected due to COVID-19 preventing in-person appointments, staff redeployment and disengagement from patients.

Conclusion. Monitoring after antipsychotic medication has been commenced requires improvement. Within one year, monitoring was generally met well. However, the monitoring did not always meet the specific time frames provided by NICE, thus current systems need reviewing. Recommendations included disseminating results throughout the EIT, adding waist circumference as an option on the physical health assessment form and create 'blood sample sets'. Re-audit will allow us to assess the results of interventions and the impact COVID-19 had on monitoring.

An Audit of Risk Acknowledgment of Valproate Use in Women (General Adult Psychiatry)

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Aims.

- To enable identification, recall of all women (18–60 years) who may be of childbearing potential and are currently prescribed sodium valproate and identify those that are at risk.
- To check that the patients continue to meet the conditions of the Pregnancy Prevention Programme.