educators and mental health professionals to engage Saudi patients in using mental health apps.

Perinatal Referral and Admission Trends in Leeds Mother and Baby Unit 2023–2024

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Aims: Mother and Baby Units offer specialised treatment to women in the antenatal period from 32 weeks gestation to 12 months postpartum. All referrals are screened for admission suitability. Reasons to reject referrals include absence of serious mental illness and high risk of violence.

To analyse relationships between referrals received and accepted admissions regarding clinical and social variables, including deprivation levels, timing of referrals, diagnosis and ethnicity.

Methods: Retrospective data collection looking at all referrals to Yorkshire and Humber Mother & Baby Unit between 1 April 2023 and 31 March 2024. Total 129 referrals. Patient records were used for data collection.

Results: Deprivation decile: Most referrals were from the most deprived decile (35%). Least from the least deprived decile (3%). Of the most deprived decile referrals, 86% were accepted. All from least deprived decile were accepted.

Ethnicity: Most referrals were white British (71%), then Asian/Asian British (13%), then black/black British (6%). Least were 'other ethnic group' (4%). 6% had no ethnicity stated.

Of the referrals for white British ethnicity, 87% were accepted. For Asian/Asian British ethnicity, 94% were accepted. For black/black British ethnicity, 71% were accepted. For other ethnic group, 40% were accepted. With no ethnicity stated, 63% were accepted.

Diagnosis: Most referrals were for diagnosis of Psychotic Disorder (46%), followed by Mood Disorder (33%), Multiple (10%), Other (7%), and least for Anxiety Disorders (4%).

Of referrals for Psychotic Disorder, 88% were accepted. Mood Disorder, 90% were accepted. Multiple, 53% were accepted. Other, 66% were accepted. Anxiety Disorders, 80% were accepted.

Time of Referral: For point of referral in perinatal timeline, most referrals were between 2–12 weeks postpartum (36%), then 12+ weeks postpartum (32%), 0–2 weeks postpartum (20%), and least from pregnancy (12%).

At 2–12 weeks postpartum, 85% were accepted. At 12+ weeks postpartum, 88% were accepted. At 0–2 weeks postpartum, 96% were accepted. During pregnancy, 47% were accepted.

Conclusion: The data highlighted discrepancies in number of referrals received from different deprivation decile areas and ethnicities, significantly higher from more deprived areas and higher number of referrals for white British ethnicity patients. The acceptance proportion was higher in less deprived areas, this could be due to significant difference in number of referrals. The acceptance proportion for different ethnicities were fairly in the same range. Targeted interventions to promote awareness could improve equitable access.

CMHT GP Fortnightly Consultation Clinics – A Pilot Adjunctive Model for GP Access to Mental Health Advice

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Aims: Assessing the referral patterns, patient characteristics, constraints, immediate and wider benefits of a GP/CMHT fortnightly consultation-liaison clinic as a component of an enhanced community mental health service design.

Methods: A Transformation initiative pilot GP/CMHT Consultation-Liaison huddles convened over 20 (21) months via video-link; January–December 2021 (23) to September 2022 (14). Initial session in December 2020 enabled both teams comprising two managers, GP, Psychiatrist, Primary care link worker and GP community outreach specialists and CMHT admin support established the format of the Hour long sessions. At various times Other GP Colleagues/Specialist Addiction Services/Sexual Health Consultants/team members/Memory Clinic Specialists joined as appropriate. The sessions provided opportunities for a few video-linked patient consultations and trainee observations. Ahead of the fortnightly sessions is an email list of patients from GP to Psychiatrists with specific queries. Number of patients range from 4 (2) to 12 (14) each session. However, some queries were addressed ahead of sessions or concluded at the meeting. Enquiries varied, ranging from referrals tracking, medication or management advice, diagnosis, risk mitigation strategies and learning on incidents.

Results: Total 354 patient encounters were listed or discussed with number of patients per sessions ranging from 2 to 15 mean of (9). Total 37 sessions with 223 patients (2021) and 131 (2022) discussed. Recurring patient encounters range from 2–14 times. Non-recurring patients overall 113 (32%). All patients were within working age group, with the youngest aged 17 plus and the oldest 67 years (four patients). Mean age 38.4 years. Patient characteristics, diagnoses, risks and immigration issues and impact to access to services frequently encountered. Presentations discussed varied with more complex cases frequently recurring.

Conclusion: Consultation liaison model has evolved over the years. With recent pandemic, demand for secondary care interventions has increased to the degree innovative approaches offer alternatives to mitigate risks, support primary care services, strengthen GP confidence and most importantly, improve transfer to primary care. Further research is required to strengthen approaches to CMHT/Primary care interfaces.

A Retrospective Observational Study on Admissions Timing in a Psychiatry Hospital: Impact of Late-Afternoon Peaks on Patients and Staff

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Aims: This study investigates the timing and patterns of patient admissions to a community psychiatry hospital, with the goal of optimizing resource allocation by identifying peak arrival times.
Methods: This study was conducted at Udston Hospital within NHS Lanarkshire. The hospital comprises two older adult wards, each with a capacity of 20 beds. Patients admitted to these wards were mainly aged over 65 and were admitted either informally or under the Mental Health Act. A duty doctor handles admissions during working hours, 9 am to 5 pm, while an off-site duty doctor covers evenings and weekends.

Data from 50 randomly selected patients admitted between January 2024 and January 2025 were collected using the electronic patient record platform MORSE. The primary outcome was patient arrival time, categorized into predefined time slots. The secondary outcome analysed admission sources (home, care home, or hospital) and whether patients were admitted informally or under detention (Emergency Detention, Short-Term Detention, or Community Treatment Order).

Categorical data analysis was employed to identify any significant trends in admissions.
Results: The study identified a notable peak in the afternoon. A majority of admissions, 37 patients (74%), occurred after 2 pm, with 23 patients (46%) being admitted between 2 pm and 4 pm. In contrast, only 7 patients (14%) were admitted between 9 am and 12:59 pm, highlighting an underutilization of morning hours for patient transfers. Half of these admissions were informal and originated from patients' homes.
Conclusion: Late afternoon admissions delay lab results, requiring follow-up by the off-site duty doctor, which may postpone treatment or escalation to the out-of-hours GP. This disruption can affect sleep, a modifiable risk factor for delirium, raising fall risk and worsening outcomes.

Staff are also impacted, particularly during the evening shift and night shift, where reduced resources and increased workloads heighten admission errors, contributing to moral distress and lower job satisfaction.

Systemically, late admissions disrupt patient flow and worsen inefficiencies. Research links evening and weekend admissions to poorer outcomes.

Addressing this issue requires streamlining workflows through measures such as designated admission timeframes for informal patients, prioritizing safer morning hours for non-urgent cases, and optimizing resource allocation through greater staffing levels during peak periods.

These strategies will enhance patient safety, alleviate the strain on staff, and improve overall operational efficiency.

Handover Practices for Psychiatric Admissions: A Retrospective Review of Communication Gaps

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Aims: This study assesses the frequency and adequacy of handovers for newly admitted patients in a community psychiatry hospital, focusing on formal communication to the duty doctor.
Methods: This study was conducted at Udston Hospital within NHS Lanarkshire, which comprises two older adult wards, each with a capacity of 20 beds. Patients, primarily aged 65 and above, were admitted either informally or under the Mental Health Act.

Data from 50 randomly selected patient admissions between January 2024 and January 2025 were collected using the electronic patient record platform MORSE. Handover was defined as any documented verbal or written communication to the duty doctor regarding a patient's admission. Categorical data analysis was performed to identify trends in handover practices.
Results: The study revealed significant deficiencies in handover communication, with 54% of patients admitted without a formal handover. Home was the most common admission source (70%), with an even split in handover rates (51.4% handed over vs 48.6% not handed over). In contrast, hospital admissions had the lowest handover rate, 71.4% not handed over, suggesting direct transfers without a formal process in most cases. Care home admissions were also less likely to involve a handover with 62.5% not being handed over. Regarding detention status, 56.7% of informal patients were not handed over. In contrast, all patients under a Community Treatment Order (CTO) were handed over (100%), likely due to legal requirements for coordinated care. Patients under Short-Term Detention Certificates (STDC) and Emergency Detention Certificates (EDC) had a near-equal split in handover rates. These findings suggest that handover processes are more structured for detained patients but remain inconsistent for informal admissions and transfers from hospitals and care homes.
Conclusion: Inconsistent handover practices for new admissions highlight a critical gap in communication. Findings highlight the urgent need for standardized handover protocols, including mandatory documentation for all admissions, to enhance patient safety and care continuity. Implementing structured communication frameworks, such as SBAR (Situation, Background, Assessment, Recommendation), may enhance handover reliability and reduce patient safety risks.

Improving handover communication is critical to minimizing patient safety risks and ensuring seamless transitions of care, particularly in psychiatric settings where detailed histories and individual care requirements are crucial. The absence of a structured handover posed risks of fragmented care, delayed treatment initiation, and insufficient awareness of patient-specific needs.

Future research should investigate barriers to effective handovers and evaluate interventions that improve adherence and patient outcomes in psychiatric settings.

Evaluation of Diagnoses, Discharge Rates, Follow Up Frequency, and Non-Attendance of South Caerphilly Community Mental Health Team Outpatient Psychiatric Clinics

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Aims: Evaluate the frequency of mental disorders patients present with in different sites in SCCMHT to inform quality improvement to better match patient needs. To assess the non-attendance rate in various sites for future projects to explore factors associated with patient non-attendance. To quantify outcomes following patient reviews to explore discharge/follow up frequency.