Introduction and Outcomes From an Enhanced Physical Health Clinic for People With Intellectual Disabilities Prescribed Psychotropic Medication

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Aims: People with intellectual disabilities have higher rates of mental health difficulties than those without. The physical health inequalities and premature mortality that they experience is even more pronounced. In the United Kingdom, physical healthcare has traditionally been co-ordinated and delivered through primary healthcare settings. There is a case that physical health inequalities for those with intellectual disability and mental health difficulties can be reduced further if primary care interventions are supplemented by Enhanced Physical Health Clinics (EPHCs) co-located in mental health outpatient settings.This paper describes the structure and setting up of an EPHC for people with intellectual disability and mental disorders and an evaluation of its first 2 years.
Methods: The EPHC database which contains patient demographics and process data for the clinic regarding tests and interventions completed was utilised for this study. This includes socio-demographic, psychiatric, and physical health diagnoses, prescribed medication, physical health assessments and interventions.
Results: During its first two years, the clinic saw 463 patients. The mean age was 44 years and 62% were male. There was considerable developmental and psychiatric comorbidity, with high rates of autism and major mental illness. The most common physical health diagnoses were epilepsy, hypothyroidism, diabetes, hypertension, and asthma. A range of previously unidentified unmet healthcare needs that warrant further assessment and treatment was identified.
Conclusion: The EPHC was effective in promoting physical health monitoring and screening in a population which experiences significant health barriers. Recommendations regarding clinical practice and future research are provided.

Implementing Patient-Initiated Follow-Up (PIFU) Into a Psychiatric Outpatient Setting

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Aims: The cost to the NHS of missed appointments each year is highly significant. PIFU is an alternative to the conventional follow-up model where patients request appointments as-needed in attempt to reduce this cost, and is part of the Outpatient Recovery and Transformation Programme component of the NHS Long-Term Plan. This model is well established in chronic conditions under secondary care like gynaecology and rheumatology outpatients but has more recently been brought into psychiatry. Currently, there is minimal research on the suitability of this model in psychiatry. The Exmouth CMHT in Devon have had a PIFU model for the last 4 years, and this project evaluated this model and analysed the associated costs.
Methods: We present the model used to form the PIFU service in Exmouth. A service evaluation was conducted of the Exmouth PIFU model and is presented in this poster looking at the team constructed, pathways into the service, and the hours this service provided for patients. Patients under the service also have given feedback on their experience of the service. We then compare the costs of this service with equivalent referrals through primary care.
Results: In the absence of a standardised PIFU model for psychiatry, the Exmouth CMHT model was compared with the PIFU model described in the NHS Long-Term Plan. Our service evaluation demonstrates that limited staffing and budget can provide a suitable PIFU service for our patients. Patients gave positive feedback about their experience of PIFU and felt this had benefited their care. Cost comparisons demonstrate the relative costs, overall demonstrating savings to the NHS.
Conclusion: Despite a lack of research to guide the transition of PIFU into psychiatry, the Exmouth CMHT have created an effective model for their team that patients have found helpful. This model was adapted to the changing needs of the service over the years, demonstrating flexibility in the model, but despite this, it could be used as a template for the implementation of PIFU in other services. Cost comparisons demonstrate the saved time in primary care is most significant. Further research is planned to develop an evidence-based model for PIFU, and to look at staff perceptions of PIFU implementation.

A Survey of Substance Misuse Prevalence and Management in Patients Admitted to a Male Acute Ward, a Female Acute Ward, and a Male Psychiatric Intensive Care Unit in KMPT

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Aims: Substance misuse is a common comorbidity in severe mental illness, contributing to increased morbidity and poorer clinical outcomes. Effective management requires accurate documentation and structured interventions. However, existing practices in psychiatric inpatient care are often inconsistent, necessitating a thorough evaluation to inform service development.

Aims were to assess the prevalence of substance misuse and evaluate its documentation and management among patients admitted to Willow Suite Psychiatric Intensive Care Unit (PICU), Pinewood (male acute ward), and Cherrywood (female acute ward) at Littlebrook Hospital between June and July 2024.

Hypothesis: Substance misuse is prevalent among psychiatric inpatients and is under-documented and sub-optimally managed across acute and PICU settings at Littlebrook Hospital.
Methods: A retrospective review of clinical records for 96 consecutive admissions (Willow Suite PICU: n=28, Pinewood:

n=35, Cherrywood: n=33) was conducted. Data collected included demographics, diagnoses, substance misuse history, documentation practices, and management interventions such as care planning, multidisciplinary team (MDT) discussions, CPA meetings, referrals to specialist services, and psychoeducation.
Results: Of the 96 patients, 53% (n=51) had a history of substance misuse, with current misuse documented in 33% (n=32). PICU had the highest prevalence (60%, n=17), followed by Pinewood (51%, n=18) and Cherrywood (48%, n=16). Cannabis was the most frequently reported substance (100% in Willow Suite, 29% in Pinewood, 33% in Cherrywood), followed by cocaine (45%), alcohol (14%), and opiates (10%). Polysubstance use was noted in 47% of Willow Suite patients, 45% in Pinewood, and 44% in Cherrywood.

Across the wards, substance misuse was documented in 34% of core assessments and 42% of progress notes. Care plans addressed substance misuse in only 12% of cases, while MDT reviews and CPA meetings discussed it in 22% and 13%, respectively. Referrals to external substance misuse services were rare (3%, n=3). Psychoeducation was offered to 15% (n=15) of patients.
Conclusion: Substance misuse is highly prevalent among inpatients, yet its management remains inconsistent. Gaps in documentation and limited referrals to specialist services indicate the need for improved screening, structured care planning, and closer collaboration with external agencies. These findings highlight an urgent need for targeted service improvements to enhance care for this vulnerable population.

Clozapine Prescribing in the General Hospitals

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Aims: Clozapine is an effective treatment for adults with schizophrenia, who have not responded to two other antipsychotic medications. However, there are challenges prescribing when patients who take clozapine in the community are admitted to a General Hospital for physical health reasons. These challenges can include physical health co-morbidities, medication interactions, blood dyscrasias, changes in smoking status and bowel movements, infection, missed or incorrect doses of clozapine prescribed, and clozapine toxicity.

Our aim was to evaluate the management of clozapine for patients admitted to a General Hospital, including the interaction with Liaison Psychiatry.
Methods: Data were collected retrospectively, between January 2022 and January 2023, from two General Hospitals in England. There were a total of 45 admissions to a General Hospital for 34 patients who were identified as prescribed clozapine in the community. Electronic records were accessed for the community, General Hospital and Mental Health service. Records were reviewed to assess if the clozapine prescription was correctly recorded on the community record, and if a referral to Liaison Psychiatry was made on admission. Within the Liaison Psychiatry review, records were reviewed for documentation of full blood count, medication concordance, smoking status, bowel movements, physical health concerns, medication interactions, signs of clozapine toxicity and recommendations for a clozapine level.
Results: The clozapine prescription was documented correctly in 16% (7/45) of occurrences in community records.

On admission to a General Hospital, 49% (22/45) of patients were referred to Liaison Psychiatry. The mean time for referral from admission was 41.07 hours. Of the 22 admissions that were referred, 68% (15/22) were seen within 24 hours by Liaison Psychiatry.

On review with Liaison Psychiatry, the frequency of documentation seen was: full blood count (65%), medication concordance (65%), smoking status (50%), bowel movements (41%), physical health concerns (91%), medication interactions (38%) and signs of clozapine toxicity (18%). Advice regarding a clozapine level was documented for 35% of patients.
Conclusion: Local education was arranged for the community, General Hospital and Mental Health Trust. A Trust-wide policy was written for the General Hospital to utilise for patients that are prescribed clozapine. This included the importance of referring immediately to Liaison Psychiatry to reduce disruption in treatment and the need to monitor for bowel-related complications. A clozapine admission checklist was introduced for local Psychiatry teams to use when reviewing a patient who takes clozapine. With these measures now implemented, data will be collected to review the effectiveness.

'The Telepsychiatry Clinic On-the-Run': How a Unique Tele-Mental Health Clinic Is Thriving in the Midst of Political Turmoil in Myanmar

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Aims: The WHO estimated that 1 in 5 people living in conflict areas have some form of mental disorder. On top of this, limited access to mental health care in these areas continues to amplify the issue. However, hope can be found through the increased use of telehealth during the COVID-19 pandemic, which has opened the opportunity to apply the platform in conflict zones.

The pre-existing need of mental health services in Myanmar was aggravated by the 2021 coup and the ongoing COVID 19 pandemic. The Ministry of Health (MOH) of the National Unity Government (a chosen government formed with democratically elected MPs) developed a system of free telehealth care. The Tele Health Clinic was initially composed of healthcare workers from the liberated borders of Myanmar and later joined by local/international clinicians. The Tele Mental Health (MH) Clinic was then opened in August 2021 to address the devastating mental health burden superimposed by the combination of coup and pandemic.

Objective of the Study: To describe the development of a telepsychiatry clinic amidst the current political turmoil in Myanmar.
Methods: Review of the historical data of Myanmar civil war, military coup in 2021 and Civil Disobedience Movement.

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