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.

Methods: The service evaluation was done retrospectively for three-month period from September to November, 2024, by collecting data from WCCIS database. Patient WCCIS identifiers were only stored in the spreadsheet used. Descriptive statistics were used to identify the most common diagnoses, outcomes, and non-attendance rates through various methods of stratifying the data. The data was compared when split between consultant clinics vs speciality doctor, Risca Health Centre Base vs Mill Road Base, and between urgent and non-urgent clinics.
Results: Mill Road and Risca OPA clinic had 172 and 76 appointments attended respectively over three months. Mill Road OPA had higher rates of non-attendance (26.18%) compared with Risca OPA (21.65%). Patients in Risca clinic are booked in for less frequent follow ups (72% with 4–6 months of follow up). A substantial percentage of patients being seen urgently are subsequently discharged from the CMHT (29%). This includes urgent patients seen in the Home Treatment Team Clinic, which often uses urgent consultant reviews to support discharge of patients. DNA rates are similar between consultant and speciality doctor clinic (23.2% and 25.85% respectively). DNA rates are approximately 1/4 across total clinics (24.84%). Despite a separate ADHD service and a supervised Physician's Associate Clinic for ADHD separately, ADHD reviews still account for a considerable amount of outpatient clinic time (32 among 248 consultations). Similarly, PTSD/CPTSD and Borderline Personality Disorder account for a large number of urgent reviews (13 among 34 patients consulted).
Conclusion: DNA rates would require further assessment. They have not been included in analyses of diagnoses; a further exploration of the data is indicated to identify factors/diagnoses associated with non-attendance. A high prevalence of patients requiring urgent review are patients with borderline personality disorder and PTSD/CPTSD indicating Trauma Informed Approaches especially in crisis are required. Demands for ADHD assessments/follow ups remain high despite the presence of a ADHD service and Physician's Associate Clinic (review of stable shared care patients). Patients remain under the CMHT even if they have no additional CMHT needs outside of Shared Care ADHD reviews, highlighting ongoing resource demand on the CMHT.

The Use of Immersive Virtual Reality in Sensory Sessions on an Older Peoples Mental Health Ward: Service Evaluation of Feasibility and Acceptability

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Aims: Immersive virtual reality has the potential to give people admitted on inpatient ward settings a break from these limited environments. This service evaluation reviewed the use of immersive virtual reality relaxation activities as a part of routine occupational therapy sensory sessions in an older people's inpatient mental health ward for dementia and functional conditions. We assessed acceptability and feasibility by reviewing user experience and therapeutic engagement in terms of relaxation, engagement and interaction.
Methods: This evaluation was approved by Cambridge and Peterborough Foundation Trust Quality Improvement panel and assessed routinely collected data from 32 users (9 from dementia unit, 23 from functional unit) across a total of 158 sessions visiting nature scenes on a Pico 4 headset across an 11 month period in 2023. Demographic information included age, gender, mental health and other diagnoses, reason for admission, regular medication and legal status. Occupational therapy notes were assessed for subjective experience, positive and negative effects, interaction, therapy engagement, preferred scene, duration and repeat use.
Results: Average user age was higher on the dementia unit vs functional unit (77.5 vs. 74.5 years). Primary mental health diagnosis was a dementia subtype for most service users on the dementia unit (6/9) compared with a wider variety of diagnoses on the functional unit (depression or bipolar disorder 7/23 each; schizophrenia, alcohol related or delusional disorder 2/23 each; obsessive compulsive disorder, dementia, or personality disorder 1/23 each). Most service users on the dementia unit and functional unit (96% vs. 97%) reported a positive experience and therapists reported relaxation in most users (88% vs. 83%). Duration of use was shorter on the dementia unit compared with the functional unit (mean 5 minutes 36 seconds vs. 7 minutes 42 seconds) and repeat use was also lower (2.7 sessions vs. 5.4 sessions). No serious adverse effects were noted and <3% sessions resulted in any side effects.
Conclusion: This service evaluation demonstrates feasibility and acceptability of immersive virtual reality relaxation activities as part of routine occupational therapy sensory sessions on an older people's mental health ward supporting services users with a wide variety of mental health diagnoses. Relaxation and calming were reported by therapists with no serious adverse effects. Many patients chose to return to the headset on multiple occasions especially on the functional unit where they completed longer sessions compared with the dementia unit. Research is planned into potential benefits for anxiety, stress reduction, sleep and medication use.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Injectable Contraceptive Use in Women With Intellectual Disability – A Narrative Review and Local Case Series

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Aims: Intellectual Disability is defined as an IQ below 71. People with intellectual disability frequently experience menstrual distress leading to use of hormonal medications such as depot medroxyprogesterone acetate (DMPA). Despite risks like reduced bone mineral density (BMD) and weight gain, DMPA is widely used in this group, prompting an investigation into its suitability and associated risks.