'At Risk Mental State': An Audit of Tier 3 Clinical Standards

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Aims: The At-Risk Mental State (ARMS), an attenuated psychotic syndrome, represents a critical period of vulnerability for the development of psychosis. Early identification and evidence-based intervention are crucial to reducing distress, improving long-term outcomes and public health costs. There are clear recommendations stated by National Institute for Health and Care Excellence (NICE) for the optimal management of ARMS in children and young people including early identification, access to psychological therapy and care co-ordination. Baseline audit data collected from Tier 3 teams within South West London and St George's NHS Mental Health Trust (SWLSTG) highlighted significant variation in clinicians' confidence and knowledge about ARMS, notably its identification criteria and optimal management. This audit sought to enhance clinician expertise of "At Risk Mental State" (ARMS) within Tier 3 Child and Adolescent Mental Health Services (CAMHS).
Methods: An educational intervention was developed to address the identified knowledge gaps. This included a 30-minute didactic teaching seminar covering ARMS diagnostic criteria, clinical challenges, and management guidelines, delivered during the CPD slot for four multidisciplinary teams across SWLSTG. Key topics included the Comprehensive Assessment of At-Risk Mental States (CAARMS), the role of psychological and family interventions, and current NHS England guidelines that included discouraging antipsychotic use in ARMS management.
Results: Post-intervention analysis showed improved clinician confidence in both ARMS identification and management. However, all participants indicated a need for additional support. Proposed ideas included specialist training (e.g. CBT for Psychosis and Family Interventions for Psychosis), access to validated assessment tools, appropriate funding for care co-ordination and/or the establishment of a dedicated ARMS service. Qualitative feedback also emphasised the diagnostic difficulty in this population and sociodemographic bias when identifying ARMS within CAMHS settings, highlighting the need for a public health approach to prevention of psychosis.
Conclusion: This project illustrates the effectiveness of a simple targeted educational initiative in improving ARMS-related competencies among Tier 3 CAMHS clinicians. It also highlights the importance of integrating structured tools and specialised pathways to optimise care for individuals at high risk of psychosis. Our next steps are to consider strategies to improve the standard of care provided for young people with ARMS. This includes further psychoeducation resources and a funding application for specialist training for Tier 3 psychologists.

Genetic Testing in Psychiatry for Individuals With Intellectual Disabilities: An Audit of Current Practice

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Aims: Individuals with intellectual disabilities (ID) have a higher prevalence of psychiatric conditions, that can be linked to underlying genetic syndromes. Identifying these conditions early can enable tailored treatment, informed prognostic counselling, and improved long-term outcomes. There are established criteria for genetic testing in individuals with unexplained moderate, severe or profound ID. This audit aimed to assess the proportion of eligible patients under a Community Learning Disability Team's psychiatry service who had genetic testing discussed, referred, or completed.
Methods: A retrospective audit was conducted in a Community Learning Disability Community based in London. The electronic health records for all patients under the psychiatry caseload as of November 2024 were reviewed. Data extraction focused on the ID severity, details of genetic diagnoses and mention of clinical genetics testing within the notes. Specific search terms were used including "gene*"," genome", "congenital", "test", "investigation", "diagnosis", "karyotype", "screen", "chromosome".
Results: Of the 94 patients reviewed,1 had profound ID, 16 had a severe ID, and 22 had a moderate ID. Among these individuals, 20.5% had a confirmed genetic diagnosis, including conditions such as Trisomy 21, Costello syndrome, and inherited glycosylphosphatidylinositol deficiency. Mentions of genetic testing – such as prior referrals, discussions, or test results – were found in 25.6% of patients with moderate or severe ID. However, only one patient had been referred for genetic testing within this team, with others being referred whilst under Paediatrics or Child and Adolescent Learning Disability teams.
Conclusion: This audit highlights a gap in the discussion and referrals for genetic testing within the Community Learning Disability team. Given the prevalence of genetic conditions in this population, and the potential impact on mental and physical health and management strategies, increasing awareness and embedding genetic testing discussions into routine psychiatric assessments is needed. Future steps include providing targeted education for the Learning Disability Team on the importance of clinical genetics, sharing the referral protocol to the local Clinical Genetics team, and considering the addition of a prompt in initial assessments to ensure genetic testing is routinely considered. These measures will enhance early identification, optimise treatment approaches, and improve long-term outcomes for individuals with ID and co-occurring mental illness.

Audit of Discharge Summary Completion: Identifying Barriers and Implementing Solutions to Improve Timeliness

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Aims: Discharge summaries are an essential part of patient care, ensuring that key medical information, including progress on the ward and treatment plans, is communicated to GPs and community teams. On functional old age psychiatry Wards 3 and 4 at The Mount, Leeds, ensuring timely completion of summaries is important for patient care and safety. The aim is to identify the key factors contributing to delays in writing and sending discharge