

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

Dr Umama Khan* and Professor Jeremy Turk

Isle of Wight NHS Trust, Isle of Wight, United Kingdom

*Presenting author.

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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

Dr Rahul Khanna*

Warrington and Halton Hospitals NHS Trust, Warrington, United Kingdom

*Presenting author.

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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)

Dr Elham Khattab* and Dr Priti Singh

NHS Grampian, Aberdeen, United Kingdom

*Presenting author.

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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.

- To ensure that the guidelines by MHRA are adequately followed.
- To evaluate our practice relating to completing the Risk Acknowledgement Form for Sodium Valproate.

Methods. First audit cycle August 2021:

From the General Adult Database (NHS GRAMPIAN), we identified 33 women between the ages of 18–60 years who were prescribed Sodium Valproate as a mood stabiliser in the period between August 2020 until August 2021. Data were obtained from patients' records to ensure patients were still open to psychiatry services, compliant with Sodium Valproate, had regular contact with specialists and identified Valproate risk acknowledge form existed and adequately filled.

Univariate analysis was used to analyze the result.

THE INCLUSION CRITERIA:

- Adult female patients (18–60) who are open to psychiatry services.
- On Sodium Valproate as a mood stabilizer.

Second audit February 2022:

A second audit was conducted using the same standards and timescale as for the primary audit. Using telephone and emails, the teams were contacted and encouraged to complete the relevant documentation.

Results. First audit cycle August 2021:

- There were a total of 33 patients included in the audit.
- 97% of the patients were in contact with psychiatry services and specialists.
- **Only one patient had an Annual Risk Acknowledgement Form (ARAF) filled and scanned to her E-notes.**
- 66% of women were between the ages of 45–60 years of age.

Second audit cycle February 2022

The results showed 39 female patients (18–60) were on Sodium Valproate as a mood stabiliser. The mean age was 45 (18–60). We identified Completed Annual Risk Acknowledgement Form (ARAF) forms on 21 patients.

The proportion of completed ARAF was increased from 3% to 54%.

Conclusion. Conclusion of the first cycle:

97% of the patients were in contact with psychiatry services and specialists.

- **Only one patient had an Annual Risk Acknowledgement Form (ARAF) filled and scanned to her E-notes.**

Conclusion of the second cycle:

There was a significant increase in compliance with the MHRA guidelines regarding Sodium Valproate prescription in women of childbearing age in our department.

The proportion of completed ARAF was increased from 3% to 54%.

- Valproate is highly teratogenic, and evidence supports that use in pregnancy leads to neurodevelopmental disorders (approx. 30–40% risk) and congenital malformations (approx. 10% risk).
- Valproate must not be used in women and girls of childbearing potential unless the conditions of the Pregnancy Prevention Programme are met and only if other treatments are ineffective or not tolerated, as judged by an experienced specialist.
- The MHRA advises that all healthcare professionals must continue to identify and review all female patients on valproate.
- The Annual Risk Acknowledgement Form should be used for all future reviews of female patients on valproate
- Specialists should comply with guidance given on the form if they consider the patient is not at risk of pregnancy, including the need for review in case her risk status changes.

Adherence of CAMHS Community Center, Winsford to the NICE Guidelines With Regards to Identification and Management in Depression in Children and Young People (NG134)

Dr Sanjeet Kour*

Cheshire and Wirral Partnership NHS Foundation Trust, Chester, United Kingdom

*Presenting author.

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Aims. To evaluate whether the practice in the generic CAMHS team Winsford is in line with the guidelines recommended by NICE in identification and management of depression in CYP. To formulate an action plan that might be needed for the recommendations that are not met currently.

Methods. To collect the relevant information about the identification and management of depression in young people in our community center by following methods:

1. Review of online case notes, protocols, pathway descriptions, screening forms and proformas
2. Random review of the last 12 months of practice with random five cases studied per case manager regarding identification and management of depression in the children and young people at the center. To assess this, a proforma will be prepared from the guidelines relevant to the team members. This proforma will be sent to all the clinical workers of the team who will be required to fill it and return it to the lead author.

The population to be included will be all secondary school aged children residing in West Cheshire who are referred to and assessed and managed by the CAMHS community center, Winsford

Results. I am working on this audit currently and will be obtaining the results in two months' time and hopefully will be able to submit the audit poster well before the International Congress.

Conclusion. This audit will help the team to assess how diligently they are following the recommended NICE guidelines for the identification and management of depression in children and young people and to make appropriate changes in the process to meet the guidelines that are not currently met.

An Audit of Adherence to the Pre-Referral Process for Acute Inpatient Admissions in a Male and a Female Acute Inpatient Unit Over Six Months in Birmingham and Solihull Mental Health Foundation Trust (BSMHFT)

Dr Radhika Lakhani^{1,2*}, Dr Selvaraj Vincent²,
Dr Isaac Nyemitei-Addo², Dr Kishan Patel-Smith³
and Dr Priyavarshini Ramesh³

¹South West London and St George's NHS Foundation Trust, London, United Kingdom; ²Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom and ³Birmingham Medical School, Birmingham, United Kingdom

*Presenting author.

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Aims. In view of the limited number of acute inpatient beds relative to demand in England, a thorough assessment prior to referral is paramount in ascertaining clinical need. A comprehensive risk assessment is crucial in light of patient safety and assessing