

EW0719

Referrals and outcomes of assessment for compulsory admission under the mental health act 1983 in Norfolk, England

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Introduction A significant number of people are not detained in hospital following assessment under the Mental Health Act 1983 (MHA) for possible detention. However, since amendments in 2007, some studies show an increase in total patient detentions. There is currently a lack of published research describing both outcomes and their affecting variables.

Objectives To determine rates, outcomes and affecting variables of MHA assessments in Norfolk, 2001–2011.

Methods This observational study involved data collection from all 11,509 referrals for detention assessment under the MHA. Data was collected by Norfolk Social Services from 2001–2011 including age, gender and marital status.

Results Following assessment, 6903 (60.0%) were admitted; of those, 1157 (16.8%) were voluntary and 5746 (83.2%) were detained; 4606 (40%) were not admitted. Admission rates for males (50.4%) and females (49.5%) were similar. Detention rates increased with age: 37.6% of <18s; 47.1% of 18–64s and 61.4% of 65+. A greater proportion of married (57.5%) and widowed patients (58.2%) were detained, compared with patients who were single (48%). Accommodation status showed 52% of those living with other were detained versus 43.9% of those with no fixed abode.

Conclusions The finding that a higher proportion of married than single people, and of those living with others versus living alone, were detained following assessment is unexpected but significant and needs further investigation.

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EW0720

Dissociative symptoms are associated with neurocognitive dysfunction in patients with MDD

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Introduction It is widely reported that persons with major depressive disorder (MDD) show impaired performance on cognitive functioning, including frontotemporally mediated cognitive functions. The presence of cognitive dysfunction among patients with dissociative symptoms in trauma-related disorders may contribute to poorer treatment outcomes. Patients with major depressive disorder (MDD) frequently report dissociative symptoms. Here we investigate association of dissociative symptoms and neurocognitive dysfunction in patients with depression. We predicted that higher levels of dissociative symptoms among persons with MDD would be associated with lower scores on objective measures of frontotemporally mediated neurocognitive functions.

Methods Patients who met DSM-V diagnostic criteria for a primary diagnosis of recurrent MDD were recruited. The Hamilton Rating Scale for Depression (HAM-D) was administered to assess the severity of depressive symptoms. To assess dissociative symptoms participants completed the Multiscale Dissociation Inventory (MDI). Two groups of patients were selected and matched. One group consisted of 13 patients having MDD and dissociative symptoms and second group consisted of 12 patients having MDD only. To measure frontotemporally mediated cognitive functioning following tests were administered: Color Trails Test; Wisconsin Card Sorting Test; Conners' Continuous Performance Test (CPT). To examine group differences on clinical and neuropsychological scores, two-tailed independent samples *t*-tests was performed.

Results Group comparisons of performance on neuropsychological tests showed that participants with depression and dissociative symptoms performed worse on Color Trails Test Part 2 completion time, a measure of mental flexibility and processing speed. MDI depersonalization scores were correlated with measures of processing speed, mental flexibility and sustained attention. Specifically, Color Trails Test Part 2 scores were negatively correlated with depersonalization symptoms, where lower scores indicate slower completion time. Depersonalization symptoms on the MDI were also related to the CPT Hit Reaction Time Interstimulus Interval Change (a measure of vigilance), such that higher levels of depersonalization were related to better performance in a less active environment.

Conclusions Our results suggest that dissociation is related to specific subtle impairments in neurocognitive functioning. Dissociative symptoms should ideally be assessed before treatment, as they may influence MDD treatment response. The findings point towards the need to further examine the impact of dissociation on functioning in patients with depression.

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EW0721

Factors influencing the rate of incidents in a United Kingdom high secure psychiatric hospital: Weekend, ward round and diagnostic effect?

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Introduction Broadmoor is a high secure psychiatric hospital divided into personality disorder (PD) and mental illness (MI) pathways. Whenever an incident occurs, it should be recorded. To better understand which factors influence the rate of incidents, such as diagnosis or intervention by medical and psychological staff, we examined the difference in the number of incidents recorded on weekdays versus weekends, ward round (WR) versus non-WR days and the PD versus MI pathways.

Method All incidents recorded over a one-year period (3.11.2014–2.11.2015) were examined. Extraneous incidents were excluded, leaving subgroups of “aggressive” (physical and verbal) and “physical” (excluding verbal) incidents which were analysed. Data were adjusted for the difference in number of beds in each pathway.

Results Of the 2369 incident reports included, more were recorded per day on weekdays than weekends, with little difference on WR versus non-WR days. The rates of both types of incidents were similar on both PD and MI admission wards, although the rate of “physical” incidents was 2.6 times higher and “aggressive” incidents 3.3 times higher in PD compared to MI rehabilitation wards.

Conclusion The findings suggest the presence of medical and psychological staff during the week, and possibly the requirements