

12-month period. The objectives were to assess whether the side-effects were being monitored regularly, whether a scale (Liverpool University Neuroleptic Side-Effect Rating Scale or LUNSERS) was being used or not, the grade of staff conducting the assessment and whether the outcomes being scored and reviewed adequately in Multi-Disciplinary Team meetings or Care Programme Approach meetings.

Methods.

- It was a retrospective, cross-sectional audit involving inpatients on the Learning Disability Wards of Rowan View (Medium Secure Hospital under MerseyCare) in the time period 01/06/21 to 31/05/22
- No patients were excluded
- Data pertaining to assessment of side-effects to antipsychotics were collected from electronic database PACIS, the computer database used in Rowan View using Microsoft excel tool created by author
- Descriptive statistics were used to analyse data

Results. There were 27 patients included in the study from four different learning disability wards in Rowan View Hospital. In all but one (96.3%), side-effects to antipsychotics were assessed at least once in 12 months, but formal assessment using a rating scale was conducted in only 88.5%. In majority of patients, only one assessment was done in 12 months (43.8%) whilst the maximum was 3 assessments in a year in 34.8%. None of the assessments had the grade of staff noted whilst only 8.7% assessments were scored despite 91.3% being calculated and only 26.1% assessments even reviewed further. All patients reported side-effects to some extent.

Conclusion. The modality and frequency of reviewing side-effects to antipsychotics in this neuro-sensitive patient population was noted to be inadequate. The practice of using LUNSERS appears to be completed only superficially with questionable delivery and review of results. There is no formal guideline available nationwide for basing this assessment of side-effects despite STOMP actions (other than suggestions) and a real deficit was identified. A creation of a formal guideline for monitoring side-effects in patients with Learning Disability is needed and is currently being addressed by Rowan View Patient Safety Team.

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.

Auditing the Treatment of Post-Traumatic Stress Disorder in Patients Experiencing Inner-City Homelessness

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Aims. Post-traumatic stress disorder (PTSD) is a mental health diagnosis resulting in symptoms which make daily functioning challenging and higher cognitive ability often troublesome, resulting in a diminished quality of life that requires specific intervention to improve. The objective of this audit was to evaluate whether evidence based best practice is being met, regarding the treatment of PTSD in 62 individuals experiencing inner city homelessness. The overarching aim of this research was to shine a light on some of the prominent obstacles that are preventing access to healthcare, particularly in a population that historically struggle to raise their hand and ask for help.

Methods. The method used was a classic audit-cycle structure, using quantitative and qualitative measures to visualise outcomes. Data were gathered through retrospective analysis of patient documentation, communications between services and records dating back to each original diagnosis.

Results. The results indicated that best practice in the form of trauma-focused therapies is not occurring as outlined by national guidance within this sample, but instead medication is acting a crutch, allowing individuals to cope with daily life. Over the 13-year period, 11% of individuals received some form of psychological therapy. Possible reasons for this suboptimal outcome were investigated, resulting in recognition of an array of barriers faced by the homeless population in accessing required therapeutic intervention. Results indicated the most common reasons for unsuccessful therapy were lack of contact or engagement by the individual, discharge on the grounds of substance misuse, then lack of record or follow-up within the service records.

Conclusion. In conclusion, barriers to the delivery of effective therapy are multifactorial and recommendations have been made here to promote integration of care across services, possibly providing an alternative pathway for these patients. Forward thinking models of psychologically informed environments may be useful to deliver treatment to people experiencing homelessness, in way that is accessible and approachable to them. Additionally, it has been recognised that improvement in communication across services regarding mental health interventions is required, to allow continual evaluation and improvement of care in the area. Finally, the question was raised whether current guidance is suitable and generalisable to the homeless population, particularly those under complex circumstances and co-morbid with substance or alcohol misuse. All recommendations have been made in the aim of improving provision of care for this population, to avoid deepening of already established health inequalities and to combat the inverse care law.

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Audit of the Metabolic Side-Effects on Autistic Inpatients on a Rehabilitation Ward

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Aims.

- To evaluate current compliance in monitoring metabolic side effects for the patients with the diagnosis of autism, following the recommendations of NICE guidelines.
- Establish evidence based practices to reduce morbidity and increase quality of life.
- To identify areas of improvement.

Methods. Springs centre is a male locked secure rehabilitation ward, specialised in treating people with Autistic Spectrum Disorder (ASD), Learning Disabilities (LD) and co-morbid mental health conditions. It is a 17-bedded ward for male adults between 18 and 65 years old. Service users are transferred from hospitals or community placements located at the South East of England.

We collected data from service users admitted to the Springs Centre between 1st of January and 31st of July 2022. The selection