Wellbeing at Work (NG212) and highlight areas of concern and propose recommendations to improve staff wellbeing.

Methods. Anonymous self-report questionnaire, based on a validated tool recommended in the NICE NG212 guidance, was disseminated across four boroughs within the trust to measure wellbeing in the workplace. The survey had 19 questions, 17 requiring scores on Likert scales and 2 descriptive questions, aimed to gain information on the five drivers of wellbeing in the workplace (health, relationships, environment, security, and purpose).

Results. A total of 123 responses were analysed. Across all four boroughs, physical health scored worse than mental health. 44.7% of respondents felt they had inadequate facilities in the workplace to support their health and wellbeing. Further, 32.5% of responses disagreed/strongly disagreed that change was managed well in their organisation compared with 25% who agree/strongly agree. Key words such as staff-appreciation and team-building days recurred in qualitative responses across the trust. There were further site-specific differences. Research shows that provision of workplace exercises can be safely used for the promotion of employees' physical and mental health. Cost-effective strategies such as staff-appreciation and gratitude can improve job satisfaction thereby promoting staff retention. To consider elements of face-to-face contact with colleagues could also have a positive impact on psychological wellbeing due to more productive meetings; increased networking; increase of engagement and job satisfaction.

Conclusion. The CAMHS staff wellbeing survey provided useful insight into staff perception of their wellbeing at work. Repeating the survey, after implementing recommendations, would help identify important determinants. Despite the survey being limited to the specific trust, further research into CAMHs staff wellbeing across the UK could help facilitate improvements and help with staff retention.

A Survey on Additional Health Risk Factors for Heroin Users Presenting in Emergency Department (ED) of Chesterfield, North Derbyshire

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Aims.
1. To identify various physical and social health characteristics of heroin users to reduce further risks presenting to ED in Chesterfield, North Derbyshire.
2. To consider whether any characteristics identified could develop a targeted screening tool for enhanced interventions.

Methods. A retrospective review of ED notes was conducted from Chesterfield Royal Hospital using electronic patient records of heroin users who are under the care of Drug and Recovery Partnership (DRP) in Chesterfield, North Derbyshire. We developed a proforma for data collection analysis using Microsoft Excel.

100 patients were chosen over a time interval of one year in which they have had at least one ED presentation.

We looked into Body mass index (BMI), physical health diagnoses, number of presentations to the ED in one year, psychotropic medications, dose of opioid substitution therapy and living circumstances of the attendees. These characteristics were identified in a previous study of local mortality data.

Results. 46% of the attendees only presented once in the study interval.

83% of the attendees presented to ED due to a medical reason.

41% of the attendees had raised BMI.

73% of the attendees who attended were on Opioid Substitution therapy (OST). 51% of the attendees were using a dose between 70–100 ml of methadone.

27% of the attendees had co-morbid COPD and Asthma.

47% of the attendees were on prescribed psychotropic agents. 56% of them were prescribed mirtazapine.

44% of the attendees lived alone, 33% with a partner.

Conclusion.
1. Based on the sample, 83% of the heroin users presenting to ED in this period of study attended due to physical health concerns.
2. As half of the sample were not serial attenders (46%), it is important that opportunities of assessment for this high-risk group of people are not missed.
3. Nearly three quarters (73%) of the attendees were on prescribed OST, half of those were within optimised dose. This suggests for tighter links between liaison to local drug services to alert presentations with specific consideration of harm reduction interventions, dose optimisation or re-titration onto OST.
4. The data collected over this period supports the development of a pilot screening tool to prioritise enhanced care interventions with a specific focus on harm reduction for a specific group of high-risk heroin users.

Introducing the Dementia Crisis Service in East Kent: Can We Reduce Rates of Hospital Admission?

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Aims. Admissions to hospital can be traumatic for a person with dementia due to an inability to cope with unfamiliar environments, faces and routines. The dementia crisis service provides a rapid response and support, in particular to carers and care providers. The team support in managing problematic behaviours to avoid the need for a hospital admission. The team can complete physical examination and bloods in the home environment, reducing the need for involvement of further clinicians.

This project aims to evaluate the effectiveness of the dementia crisis service in reducing admissions to mental health wards.

Methods. The pilot for the service began in January 2023. We looked at the number of admissions to Heather ward, an older adult mental health ward in Canterbury, East Kent (the base of the team) over a 5 month period, between August 2023 – January 2024. We compared this to admission numbers a year ago. We looked at what proportion of patients were admitted with behavioural and psychological symptoms of dementia

(BPSD), over the same time period to evaluate whether the number of BPSD admissions has changed since the existence of the team.

Results. The number of overall admissions to Heather ward decreased from 43 to 32. The number of detained patients remained the same, 13 patients over the 5 month period. Looking more closely at the nature of some of the hospital admissions, a referral was not made to the crisis service for some of the admitted patients.

Conclusion. The team have been providing this service for just over a year, including the three month pilot. The limited data does not show enough evidence that the crisis service reduces rates of hospital admission. As this is a new service, there is much work to be done to increase the profile of the team. We would like to re-evaluate the admission data after more information has been disseminated to referrers about the service and the support they offer.

Naltrexone Treatment for Methamphetamine Dependence – Service Evaluation Audit

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Aims. There is an emerging evidence base to support the benefit of naltrexone prescription in methamphetamine dependence. This audit assesses prescribing practice and benefit of naltrexone in a specialist NHS drug service based in West London. The process for initiation and monitoring of naltrexone in the service was compared with best practice recommendations.

A patient with methamphetamine dependence can be referred to a psychiatrist in order to consider naltrexone treatment. Naltrexone works by reducing cravings, thereby assisting with abstinence. Liver function is checked and then naltrexone is made available by an FP10 prescription. Follow up is then conducted in order to ascertain whether a continuation of naltrexone is indicated.

Methods. Patients prescribed naltrexone were identified using a hand-written prescription record. Each case file was audited for prescribing metrics, substance misuse pattern, diagnoses, past treatments, efficacy, tolerability and length of prescription. Information was manually collected from the SystmOne case notes and anonymously entered into a spreadsheet under headed topics.

Results. Data was collected from 1st April 2019 to 1st June 2023 which identified 28 patients. All patients had keyworker involvement and physical health checks. GHB/GBL was the most common comorbid substance. 18 of the 28 patients took naltrexone for longer than one week. 16 reported benefit with cravings. 6 were abstinent from methamphetamine and 10 were seen to have a partial response (periods of abstinence/lessened use). 9 of the 18 patients reported one or more side effects, most commonly nausea.

Conclusion. The service meets best practice guidelines with regards to keyworker involvement, physical checks and follow-up reviews. Improvements could be made with regards to accurate diagnostic coding. Given the prevalence of side effects, it would be important to discuss options to mitigate these, as well as the importance of continuation of naltrexone (if tolerated) for at least four weeks. The offer of written information should be recorded. The tolerability and efficacy of naltrexone is in keeping with data from randomised controlled trials, which helps to inform patients and clinicians that naltrexone is an effective, safe treatment for methamphetamine dependence.

Predictors of Readmission to an Acute Psychiatric Inpatient Unit

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Aims. The Acute Mental Health Inpatient Centre is an 80 bed acute psychiatric inpatient unit in Belfast. The inpatient unit is frequently over capacity resulting in the use of contingency beds or delays in accessing acute inpatient care. Readmissions to hospital after discharge remain a challenge for the service. A service evaluation project was designed to quantify the number of patients being readmitted and determine demographic and diagnostic variables associated with risk of readmission.

Methods. 1084 sequential discharges were examined between Jan 2022 and Feb 2023. Age, gender and length of stay (LOS) were determined.

For each case it was determined whether or not the case was a readmission, defined as having been discharged within the previous three months.

Diagnosis was available on 1017 (94%) cases and was categorized as schizophrenia/non-affective psychosis, bipolar affective disorder, non-psychotic mental illness, personality disorder, adjustment disorder, substance misuse disorder and dementia/cognitive impairment.

Social deprivation status was determined for each case based on the address of admission and using social deprivation data from the Northern Ireland census, 2017.

Outcome of discharge was readmission at one week, one month and three months.

Results. For the entire cohort, readmission rates at one week, one month and three months were 5.1%, 13.6% and 20.7% respectively.

Risk of readmission was significantly increased in cases with a diagnosis of personality disorder, a LOS under two weeks and female gender.

Individuals who had been readmitted to hospital within three months of the index admission were significantly more likely to be readmitted in the subsequent three months.

Data on social deprivation is currently undergoing analysis and will be available in due course.

Logistic regression was performed to determine how the variables impacted on risk of readmission at 3 months. In the final model, diagnosis of personality disorder (OR 3.1; 95% CI 2.0, 4.7; $p < 0.001$), diagnosis of schizophrenia (OR 1.8; 95% CI 1.1, 2.7; $p < 0.01$), the admission being a readmission (OR 3.4; 95% CI 2.4, 5.0; $p < 0.001$), a LOS less than 2 weeks (OR 1.9; 95% CI 1.3, 2.7; $p < 0.001$) and female gender (OR 1.7; 95% CI 1.2, 2.4; $p < 0.01$) all predicted readmission within three months.

Conclusion. The service evaluation project has allowed individuals at a higher risk of readmission to be identified. This study