focused goal-based interventions, weekly reflective/formulation meetings, and a focus on social rehabilitation. Patients referred to MhIST will have a high level of complexity plus severe, treatment refractory symptoms, with impaired social, interpersonal and occupational function and high support needs. They may have co-occurring mental health conditions including substance misuse or neurodevelopmental disorders.

MhIST is a new service and has been active for around 6 months. The first 10 patients referred have been from acute wards (3), community mental health teams (1), and inpatient rehabilitation wards (6). 60% of patients are currently housed in independent accommodation.

Conclusion. Jen's story narrates the experience she encountered during transition from inpatient rehabilitation services to the community. This was completed with support from MhIST, a new community rehabilitation service which provides an intensive rehabilitation and recovery service.

Clozapine for Treatment Resistant Aggression in Autism

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Aims. The National Institute for Health and Care Excellence (NICE) guidance on the management of behaviour that challenges in autism, is that medication should be considered when psychosocial or other interventions cannot be delivered because of the severity of the behaviour. In our experience of working in Secure and Specialist Learning Disability, there are also times when challenging behaviour continues despite non-pharmacological interventions being optimised. There is (limited) evidence that clozapine should be considered for the management of aggression in patients with autism not improved by first-line antipsychotic drugs.

Methods. We present two cases of female patients with autism and learning disability, both of whom had been detained for a long period under the Mental Health Act 1983. Both continued to present with significant aggression despite non-pharmacological treatment being optimised. The aggression did not respond to first-line antipsychotic drugs, nor other psychotropic medication. They were started on clozapine.

In the first case, that of a 32-year-old, aggressive incidents reduced from a mean of 15 per month to 5 per month. The use of physical restraint reduced from 10 episodes per month to 5 per month. Staff reported that aggression was less severe than previously. Due to the improvement, the patient began having access to escorted community leave.

In the second case, that of a 31-year-old, incidents of aggression requiring floor restraint reduced from a mean of 30 episodes per month to 15 per month. The average monthly duration of restraint reduced from 29.5 minutes to 18.5 minutes. Although difficult to quantify, the staff team consistently reported that her level of arousal at times of incidents was less. Her engagement levels also increased. She became more tolerant of people being in her living space and actively sought out contact with staff.

Results. Clozapine resulted in a reduction in aggression and arguably, improved quality of life, for the two patients described. We make recommendations on when clozapine could be considered for treatment resistant aggression in autism and what should be done before this. We also provide guidance on how a therapeutic trial should be conducted, in line with Stopping Over Medication of People with a Learning Disability, autism or both with psychotropic medicines (STOMP-LD).

Conclusion. It is reasonable to consider clozapine for aggression in autism when all other interventions have failed. It may result in meaningful change and improved quality of life.

Service Evaluation

Response to Perinatal Psychosis in West Essex During COVID-19 Pandemic

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Aims. The aim of this audit is to look at the presentation of women who were pregnant or less than one-year post-partum presenting with psychotic symptoms in the A&E Department, general hospital and calls to crisis line, particularly with the fact that the pandemic impact remains on the nation. Our aim was to ensure that all referred patients were assessed within the first 24 hours, all the assessments were completed face-to-face, a biopsychosocial assessment was completed for each patient and an outcome was agreed on and clearly documented in the notes.

Methods. All referrals to West Essex access and assessment team from the A&E department, the general hospital and calls logged to crisis line were included. Data were collected prospectively over a six-month period from mid-November 2020 to mid-April 2021. For the purpose of this audit, an identification form was designed and disseminated to access and assessment and crisis teams to identify illegible patients. Our data collectors then used the main audit tool to gather the data.

Results. In total, our sample included sixteen patients who met our criteria over the six months period. There was only one patient who was out of area. Most of the patients were of white British ethnicity (ten out of sixteen) and other six patients were five white other and one of Asian origin. The mean maternal age in our sample was 27.3 years old and the majority of the referrals came from the labour ward in Princess Alexandra hospital (57%). The two main outcomes of our audit were to check the response time and the way the initial assessment was carried over. Our results show that the team responded to all referrals on the same day with no delays. All the assessments were carried out in a face-to-face fashion in the general hospital apart from one assessment that came through the crisis line and this was carried out in the patient's home.

Conclusion. From our data we can identify that the access and assessment team met the standards we set for this audit. This fulfills the recommendations of MBRRACE-report and the RCPsych. One of our recommendations was to provide educational sessions to the emergency department in the general hospital to raise awareness on psychotic presentation during perinatal period.

Adult ADHD Patients in Community Mental Health Teams – an Unmet Need

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