

should establish a specific ADHD-focused CBT approach and have more extended follow-up periods to understand long-term effectiveness. This review also identifies priority areas for additional research.

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.

Understanding Perceptions of Mental Health Practitioners on Care and Treatment Reviews (CTRs)

Dr Ayomipo Amiola^{1*}, Ms Verity Chester^{1,2},
Dr Kiran Purandare³, Professor Rohit Shankar^{4,5}
and Professor Regi Alexander^{1,6}

¹Hertfordshire Partnership University NHS Foundation Trust, Norwich, United Kingdom; ²RADiANT, Norwich, United Kingdom;

³The Learning Disabilities Directorate Central and North West London Foundation NHS Trust, London, United Kingdom;

⁴Cornwall Partnership NHS Foundation Trust, Plymouth, United Kingdom; ⁵Peninsula School of Medicine, University of Plymouth, Plymouth, United Kingdom and ⁶University of Hertfordshire, Hatfield, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.107

Aims. NHS England's 'Transforming Care' initiative introduced care and treatment reviews (CTRs) for adults with intellectual disabilities and/or autism to avoid inpatient admissions, improve inpatient care quality and support timely discharge. CTRs are completed by an independent panel including an expert by experience, a clinician, and the commissioner. Since 2015, thousands of CTRs have been carried out. In a survey of ID psychiatrists involved in CTRs, many felt that discharge planning was limited by a lack of appropriate community placements. Proposed changes to the Mental Health Act indicate that CTRs should become statutory.

Our aim was to obtain the views of professionals working in intellectual disability services on the proposed reforms to the Mental Health Act and CTRs.

Methods. A mixed methods 34-item questionnaire exploring views of professionals working in ID services (n = 66) on the CTR process, their perception on its usefulness and the proposal to make CTR recommendations statutory. Survey shared with ID MDT professionals working in the UK. Of the respondents, 30% were psychiatrists, 29% psychologists and 21% nurses, with average length of mental health service of 18.2 years. More than 80% work in the NHS and most worked either in inpatient or forensic units.

Results. Although in 80% of CTRs attended, patients have a current risk assessment and management plan, in less than 10% of CTRs attended were people ready for discharge and had a current discharge plan. In terms of CTR actions, 70% of the time, patients were receiving the right care, over 60% of the time, care was person centred, person's health needs are met and 50% of the time key areas of concerns were covered. In less than 40% of CTRs were the person's rights always upheld, family or carers always involved, medications being used appropriately or were there clear, safe and positive approaches to risk. Reasons for delayed discharges included no placement options (68%), no placement profile or community needs assessment (24%), placement funding disputes (23%), no agreed social care responsibility (18%) and no

agreed community clinical care responsibility (18%). Only 7% of respondents felt CTRs were always useful, 44% felt they were sometimes useful and 23% often useful. Professionals had mixed views about whether CTRs should become statutory/enforceable (45%) versus those who did not (48%).

Conclusion. This is a survey with a relatively representative sample of MDT professionals involved in CTRs. It gives insight into the typical CTR process, duration, and professionals involved. It summarises the opinions of clinicians towards CTRs and their views on proposed changes.

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.

The Effectiveness of Antipsychotic Drug Therapy for Treating Psychosis in People With Epilepsy – a Systematic Review

Mr Aryan Arora*, Ms Priya Prakash, Ms Laura Rizzo
and Dr Jonathan Rogers

UCL, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.108

Aims. Individuals with epilepsy are at risk of developing pre-ictal, ictal, postictal or interictal psychoses. Antipsychotic drugs (APDs) are the main class of drugs used to treat psychosis and schizophrenia. The efficacy and safety of APDs as a treatment for epileptic psychosis is not well understood. Hence, we aimed to conduct a systematic review assessing the effectiveness and adverse effects of antipsychotic drugs to treat psychosis in people with epilepsy.

Methods. We adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. We searched MEDLINE, Embase, PsycInfo and AMED from database inception to 20/06/2023. We contacted experts in the field and performed citation searches to identify additional records. Title, abstract, full-text review, and data analysis were conducted in duplicate, with conflicts resolved by discussion among authors. Given the heterogeneity of study designs, meta-analysis was not deemed appropriate; instead, the results were tabulated in a narrative synthesis. The Joanna Briggs Institute Risk of Bias tool was used to assess study quality.

Results. We identified 13 studies, with a total of 1,180 participants. In the 9 case series included, the psychotic symptoms of all but 3 out of 28 patients treated with APDs partially improved or fully resolved. 3 of the cohort studies reported an association between antipsychotic use and longer duration of psychotic episodes, 2 found similar results in both APD and non-APD groups, and 2 did not report control psychosis outcomes. When reported, seizure frequency was observed to remain unchanged or decrease following APD treatment.

Conclusion. Available evidence does not suggest that antipsychotics increase seizure risk in individuals with epilepsy. However, further data from randomised controlled trials and well-controlled cohort studies are urgently needed to draw more definitive conclusions.

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.