



Aims: Obsessive-compulsive disorder (OCD) is a condition characterised by remitting and relapsing symptoms that can be debilitating, significantly impacting a young person's daily life. Individuals with this condition experience distressing symptoms that include obsessions in the form of repetitive, intrusive thoughts and compulsions manifested as persistent rituals. All children and young people with OCD should be offered guided self-help, psychological support, and pharmacological treatment options tailored to the patient's developmental age. This audit aimed to evaluate the clinical management of OCD in children and adolescents at the Behavioural Science Institute, Al Ain Hospital, United Arab Emirates. We analysed compliance with the standards set forth in The National Institute for Health and Clinical Excellence (NICE) Guideline 31 regarding the diagnosis and management of OCD in children and young people.

Methods: This hospital-wide audit involved a retrospective review of electronic case notes. A questionnaire was developed to anonymously capture the necessary information. The audit sample consisted of 39 service users diagnosed with OCD who were treated in the child psychiatry clinic between January 2019 and December 2023. Data collection occurred between April and June 2024.

Results: Of the 39 patients, 20 (51%) were male, with 18 (46%) being Emirati citizens. The age range of the sample was between 7 and 15 years, with a mean age of 9.4 years. Among the 39 patients, only one received clear, guided self-help materials in the form of access to an interactive app for breathing exercises and relaxation strategies. Thirty-two (82%) of the patients received psychotherapy, with the number of sessions ranging from 1 to 28. Psychotropic medications were administered to 28 (72%) of the patients, all treated with a selective serotonin reuptake inhibitor (SSRI). Sertraline was the most commonly prescribed medication, followed by fluoxetine and fluvoxamine.

Conclusion: This audit has identified areas for improvement in the current practice of treating OCD among children and adolescents, including the need to develop local guidelines, increase access to self-help materials for patients, and enhance the services provided for psychotherapeutic interventions. We recommend improved staff training to enhance the quality of discussions with the young person and their family, which may help increase compliance with psychotherapy. A re-audit of the practice will be conducted one year after the implementation of the aforementioned action plan.

No financial sponsorship has been received for this evaluative exercise.

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.

Lithium Monitoring in Adult Community Mental Health Patients: Evaluating Current Practices in Al Ain, United Arab Emirates

Dr Mouza AlDhaheri¹, Dr Salma AlAzezi¹,
Dr Fatima AlShanqiti¹, Dr Taibah AlMadhaani^{1,2} and Dr Syed Fahad Javaid²

¹Behavioral Sciences Institute, Al Ain Hospital, Al Ain, UAE and

²Department of Psychiatry, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, UAE

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Aims: Lithium is a well-established mood stabiliser used for conditions such as bipolar disorder, mania, and depression. Given

its narrow therapeutic index, regular monitoring is essential to prevent toxicity, which can cause confusion, seizures, coma, or death. This audit evaluated long-term lithium monitoring compliance for adult community-based patients at the Behavioural Science Institute, Al Ain Hospital, United Arab Emirates. We assessed adherence to local hospital guidelines, which align with The National Institute for Health and Clinical Excellence (NICE) Guideline CG185, recommending six-monthly checks of serum lithium levels, thyroid function, renal function, calcium levels, and BMI, with some patient groups requiring more frequent testing notably older adults, those taking medications interacting with lithium, and patients at risk of kidney, thyroid, or electrolyte abnormalities.

Methods: This retrospective audit reviewed electronic case notes of 38 patients on long-term lithium therapy under community mental health services from January 2018 to January 2019. A questionnaire was developed to capture the necessary information anonymously. Data collection occurred between March and May 2024.

Results: Of the 38 patients, 20 (53%) were male, with an age range of 20–64 years and a mean age of 35.2 years. The most common diagnosis was bipolar disorder, which accounted for 44.7% of cases, followed by schizoaffective disorder at 18.4% and major depressive disorder at 10.5%. Regarding six-monthly monitoring, serum lithium levels were measured in 25 patients (65.8%), with documented reasons provided for only six of the 13 patients who did not undergo testing. BMI was monitored in 36 patients (94.7%), while thyroid function tests were conducted for 31 patients (81.5%). Renal function was assessed in 27 patients (71%), with urea and electrolytes checked in 32 patients (84.2%). Notably, serum calcium levels were measured in only three patients (7.8%), highlighting a significant gap in monitoring adherence.

Conclusion: The audit revealed considerable inconsistencies in lithium monitoring, particularly in the assessment of serum lithium and calcium levels. To address these gaps, we recommend enhancing staff training on lithium prescribing and monitoring protocols to ensure adherence to guidelines. Optimising electronic prescribing systems to generate automated reminders may improve compliance, while better documentation practices are needed to ensure that any deviations from standard monitoring are appropriately justified. A re-audit will be conducted one year after implementing these measures to evaluate their effectiveness.

No financial sponsorship has been received for this evaluative exercise.

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A Pilot Project to Evaluate the Acceptability of Serum Clozapine Level Monitoring by Finger-prick Method in an Adult Community Mental Health Team (CMHT)

Dr Sadia Tabassum Javaid, Dr Ravindra Belgamwar and
Dr George Horton

North Staffordshire Combined Healthcare NHS Trust, Stoke-on-Trent, United Kingdom

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Aims: Clozapine is a cornerstone in treating resistant schizophrenia, with evidence linking threshold plasma levels to positive clinical outcomes. The Maudsley Guidelines recommend levels of 250–420 µg/L for an adequate trial. Our trust requires trained staff to collect venous samples, with results taking several days. The updated clozapine pathway suggests checking levels at initiation

and 12 months, prompting consideration of the Saladax MyCare Insite Analyzer. This point-of-care device uses a finger-prick sample and delivers results in 7 minutes. Despite promising studies, its effectiveness depends on local acceptance, warranting a pilot.

Aims were:

To evaluate the acceptability of the finger-prick test among patients and staff.

To enhance patient care with a quicker method, enabling timely referrals and decisions.

Methods: Clozapine testing was conducted at Lyme Brook Clozapine Clinic (23.10.2023–17.11.2023) using the Saladax MyCare Insite Analyzer on pin-prick samples, with prior patient consent and staff training. Separate anonymised questionnaires were provided for staff and patients.

Results: Patients (n=31) were aged 21–70 years (64.5% male, 35.5% female), majority follow ups (64.5%).

96.9% of tests were completed within 15 minutes (32.3% within 0–5 min, 58.1% within 5–10 min, 6.5% within 10–15 min, 3.2% within 15–20 min). Compared with venous blood tests, 87.1% had a positive experience, 90.3% were satisfied with the test and care received, and 90.4% valued the time-saving benefits. Overall, the test was acceptable to 90.3%, and 71.0% preferred the finger-prick test (22.6% unsure) over venous, with 90.3% willing to use it again (6.5% unsure), and 83.9% would recommend it (9.7% unsure). 97% reported no issues, with only one instance of test repetition.

Staff (n=32) were aged 31–64: 56.3% doctors, 6.3% nurse associates, 12.5% STRs, 25% trainee nurse associates; 68.8% female, 28.1% male.

96.9% completed testing within 15 minutes (0–5 min: 9.4%, 5–10 min: 62.5%, 10–15 min: 25%, 3.1% unspecified). 96.9% highly rated their experience (3.1% no response), while 100% valued time efficiency, ease of use, and care quality. 93.8% found it acceptable (6.3% neutral). 94% reported no issues, with one test repetition. All staff preferred the finger-prick test and wished to continue using it.

Conclusion: The pilot project showed strong acceptability of the finger-prick method among patients and staff, with high satisfaction, minimal issues, and improved time efficiency. Both groups preferred it over venous testing, supporting its potential to improve patient care.

Further evaluation of cost-effectiveness, clozapine pathway integration, and training for wider implementation across trust is recommended.

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Length of Stay in Mental Health Acute Inpatient Units in Australia vs England: Exploring Differences in Clinical Practice and Service Design

Dr Freddie Johansson^{1,2}, Dr James Dove¹, Dr Eugene Tan², Dr Fran Maffia¹ and Dr Barbara Pavlou^{1,3}

¹North London Foundation Trust, London, United Kingdom; ²South West Healthcare, Warrnambool, Australia and ³Royal Free London NHS Foundation Trust, London, United Kingdom

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Aims: To explore factors in service design that can account for difference in length of stay (LoS) in acute inpatient care for general

adult patients between a public mental health service in London, North London Foundation Trust (NLFT) with one in regional Australia, South West Healthcare (SWH).

Methods: Information was gathered from the mental health organisations as below:

1. Data comparison of the 2 services over the period Nov 2023 to Dec 2024 relating to patient flow.

2. Comparison of service design in the two systems such as staffing levels, availability of supporting services and clinical practice.

3. Audit in each service comparing factors that can affect LoS.

Results: SWH had a shorter length of stay compared with NLFT (13 vs 43 days) in keeping with national and statewide comparison of LoS. Re-admission rates were also lower in SWH (9% vs 15%). There was a significant difference in the number of very long stayers (>60 days) with no such patients in the Australian service.

NLFT had a higher proportion of patients admitted formally (88% vs 65%) and a higher proportion of patients with a psychotic disorder (85% vs 75%).

The service comparison demonstrated higher levels of senior medical input available in the Australian service (1.2 vs 0.6 FTE per 10 patients) and medical staffing in general and more frequent reviews with a Consultant Psychiatrist (4 times weekly in SWH vs once a week in NLFT).

The audit showed more frequent use of high-dose antipsychotic prescribing at discharge (25% vs 18%) and higher amounts of antipsychotic doses in general in the Australian service (79% vs 59% of BNF Maximum Antipsychotic dose) at discharge.

Conclusion: The difference in LoS between the services is consistent with benchmarking data. The service evaluation identified several factors that might explain the difference.

There were more patients admitted with psychosis and a higher use of formal admissions in the UK service, both associated with longer LoS.

There were higher levels of medical staffing and in particular Consultant and Registrar levels in SWH. This is likely to explain the difference in frequency of senior reviews for patients in SWH which may result in frequent changes in management plans. The results suggest the use of higher doses of antipsychotic prescribing in SWH.

Staffing models and prescribing practice is likely to impact LoS. It would be important to consider differences in patient experience in the two systems in future evaluations of services.

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Smoking and Mental Health: A Framework for Action in Wales

Mr Oliver John¹, Mr Shane Mills², Mr Adrian Clarke², Prof Alka Ahuja¹ and Mr Dafydd Huw¹

¹Royal College of Psychiatrists Wales, Cardiff, United Kingdom and

²NHS Wales, Cardiff, United Kingdom

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Aims: Smoking contributes to poor mental health and increases inequalities in physical health and premature mortality. Smoking is a leading contributor to the 7–23-year lower life expectancy among people with severe mental illness (SMI) compared with the general population.