experienced in delivering workshops with service users. A weekly group programme took place online over 8 weeks during the COVID-19 pandemic and included activities of improvisation, embodied enactments and debriefing. The programme led to co-production of a drama piece that was filmed and distributed online. It was hypothesised that the experiential learning might result in individual benefits for all participants, such as improved well-being and increased mutual understanding of each other's experience of mental health care. The project aimed to improve relationships between healthcare disciplines, and between staff and service users. Additionally, aims were to empower service users, and support staff to practice core interpersonal skills. Objectives of the evaluation were to study the impact of the experiential learning, understand participants' experience, and explore challenges and benefits.

Methods. A mixed methods approach was taken to evaluate the programme. Following completion of the project, participants were invited to complete a questionnaire utilising a Likert scale rating of overall satisfaction with the project, perceived benefit and impact on specific domains such as working with others. One-to-one semi-structured interviews were conducted according to a topic-guide, and qualitative data were analysed using open & axial coding for thematic analysis.

Results. 11 participants, including Psychiatrists, Occupational Therapists and current service users, completed the experiential learning and filming. Questionnaire data suggested participants were highly satisfied with the learning and felt it would be valuable to others. Themes include the positive experience of creativity, dismantling of hierarchy, improved empathy, confidence and connection. Potential challenges were digital inequality and lack of dedicated time for professional development.

Conclusion. A drama-based experiential learning group programme for healthcare staff and service users is a highly beneficial learning experience. Participants describe changes on a personal level as well as improved understanding of others' perspectives. This form of experiential learning features collaborative working that aligns with principles of co-production and supports the development of interpersonal skills; the findings suggest that drama-based experiential learning is a useful method in health education to complement knowledge acquisition.

Evaluation of Fife Forensic CMHT Liaison Services Over 10 Years

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Aims. Fife FCMHT offer two forms of liaison; a court liaison service and a consultation service open to any professional requiring guidance on managing a person with mental disorder and offending behaviour. Our aims are to evaluate these services by analysing the number of referrals, reason for referral and outcomes in order to assess how our services are being used and help identify any areas for improvement.

Methods. Details about each referral made to the court liaison and consultation services and outcomes were recorded from January 2011 to December 2021. Data were analysed in excel.

Results.

Court Liaison Service

1044 referrals were made; 778 of these were assessed. 98.7% were seen on day of referral. 76 required inpatient admission, 9 of whom had to be remanded in custody to await appropriate bed. Age ranged 15–78 years. Of those deemed fit to continue through court, 33% were felt to require further mental health input.

Consultation Service

280 referrals were made. Age ranged 15–83 years. The majority of referrals to this service came from criminal justice social work and NHS fife services. The majority of referrals were for specific advice or help with risk assessment and management. The average time between referral and consultation was 9.4 days.

Conclusion. Reassuringly, our team responds promptly to referrals.

25.5% of referrals made to the court service did not require assessment after triage. Only 7.3% of referrals required diversion away from the court system. Whilst 33% of those deemed fit to continue were identified as requiring further mental health input, this was often in the form of signposting to local services. As referrals are usually seen by health care in custody, this suggests mental health training for these teams would be of benefit to prevent delays in court proceedings and prevent unnecessary referrals.

Of concern are those patients remanded in custody to await a psychiatric bed. Whilst numbers are small, it is an unacceptable outcome for these patients. This occurs due to no bed being available or a requirement for assessment by the admitting unit. This mirrors findings from the Barron Report.

Our consultation service sees requests from a vast array of professionals. We believe this to be an efficient way for services to access the expertise within our team, avoiding unnecessary referrals causing delays to patient care. The majority of these referrals were for advice over a specific matter which can be dealt with succinctly by the team.

Brain Development in Children With Early Onset Liver Disease

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Aims. Biliary Atresia (BA) is a progressive inflammatory liver disease and the most frequent indication for pediatric liver transplant. There is a strong association between BA in adulthood and reduced cognitive abilities, however, data on neurodevelopmental outcomes at an early age are scarce, with small participant numbers. Hence, the neurodevelopmental difficulties in BA are poorly understood in childhood even though the brain development and maturation occur in parallel with the time-course of BA. This study aimed to characterize the cognitive and behavioral phenotype within BA infants from the age of 14 months to 4 years and investigate the extent to which this group deviates from children of typical development.

Methods. 42 infants with BA that were diagnosed and treated at Kings College Hospital were recruited into this study. These infants ranged from 14 months to 4 years (mean age = 3 Years, 1 month). Out of the 42 infants, 19 had received a liver transplant, 22 were stable on their native liver, and 1 was on the transplant waiting list. 36 Mullens Scale of Early Learning assessments and 42 Vineland Adaptive Behavior Scale Interviews were collected. 42 typically developing infants (TD) were also recruited into the study, matched for age and gender to the BA population. First,

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we compared the whole group with BA to TD; then we compared children with BA on their native liver to those with a transplant.
Results. Across the cohort with BA, infants scored significantly lower on the Vineland Summary T-Score compared to age-matched TD control children ($t(82) = -5.05$, $p < .001$) and across all domains of the Vineland. They also scored significantly lower than TD children on the Mullens Development Assessment ($t(66) = -6.52$, $p < .001$), and this was also across all domains. BA children on their native liver scored lower on both instruments than children who had received a liver transplant, however, this difference did not reach significance.
Conclusion. Individuals with Biliary Atresia, regardless of their transplant status, show lower levels of development across all aspects, suggesting a global delay. These findings suggest that all of these young children remain at significant risk for neurodevelopmental difficulties. These findings emphasize that special attention to neurodevelopment needs to be given as part of a holistic approach to care in a serious life-long illness. Work is ongoing to understand the trajectory of brain maturation in these children to ensure neurodevelopmental needs are addressed alongside physical health.

Using Qualitative-Electroencephalogram (Q-EEG) Mapping to Aid the Selection of Suitable Areas to Target Repetitive Transcranial Magnetic Stimulation (rTMS) Treatment in a Case of Depression With Comorbid Obsessive Compulsive Disorder (OCD)

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Aims. We present the case of SN, a 25-year-old woman with diagnosis of anorexia nervosa, OCD, Generalized Anxiety Disorder (GAD) and depression. She has extensive history of contact with mental health services spanning more than 10 years. She has had 1 inpatient stay in an eating disorders unit lasting more than 6 months. Her treatment included various classes of medications, psychological therapy and social prescribing with little or no benefit. She has been referred to rTMS. The aims of the study are to determine the effect of rTMS in treatment of a patient with depression comorbid with OCD, understand the value of q-EEG in rTMS treatment and to treat OCD symptoms using rTMS guided by QEEG.
Methods. SN had a total of 56 rTMS sessions targeting standard depression and anxiety areas; F3 (left sided excitatory) and F4 (right sided inhibitory). Following this her depression and anxiety improved but her OCD worsened. She then underwent a Q-EEG to be able to understand the physiological cause of her symptoms and suggest meaningful further neuromodulation that is tailored to her. This indicated dysregulation within the default mode network. Spindling beta waves were detected over the posterior electrode suggesting a tendency towards ruminations. There was clear hyperactivity in the supplementary motor area. SN had further 30 rTMS sessions targeting the OCD circuit (FC1 and FC2).
Results. Rating scales showed a reduction in Patient Health Questionnaire-9 (PHQ-9) score from 22 to 14 (36%) in second course compared to an increase of PHQ-9 score from 9 to 15 (66.6%) in first course; indicating an overall 102% improvement in PHQ-9. It also showed reduction of Yale-Brown Obsessive Compulsive Scale (Y-BOCS) in second course from 34 to 8. It was not done in the first course but there was a clinical increase in OCD symptoms following the end of the first course. These results were corroborated clinically.

A repeat q-EEG showed that the areas previously highlighted in red at FC1 and FC2 had now all reverted to green, indicating normal neuronal connectivity.
Conclusion. rTMS can provide timely and adequate response to depression and anxiety especially one that has not responded adequately to medications and psychotherapy. Q-EEG is useful to direct the plan, create a personalized plan and achieve accurate results. The use of q-EEG, whilst useful, should be balanced with other considerations as financial constraints. It should be reserved to patients who have not responded favorably to standard rTMS treatment.

Clinical Audit of Clozapine Prescribing Practice and Monitoring Process in an Australian Community Mental Health Service

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Aims. Clozapine, a well-established treatment of choice for treatment-resistant schizophrenia is known to reduce suicidality, lessen the risk of tardive dyskinesia and reduce relapse risk. It contributes to a higher quality of life by reducing cognitive clouding. Patients taking Clozapine have improved social and work functioning. But Clozapine's significant side effects require regular, intense monitoring to minimize mortality and morbidity. To improve current practice of clozapine prescribing and monitoring, a systematic audit of service practices against guidelines of local hospital / Monash Health Clozapine patient management guidelines and the Royal Australian and New Zealand College of Psychiatrists (RANZCP) clinical practice guidelines will identify any deficits and inform measures to overcome them.
Methods. An audit was conducted to compare the current clozapine prescribing practice and monitoring process compared with local hospital / Monash Health Clozapine patient management guidelines and RANZCP clinical practice guidelines among clozapine prescribed patients in an Australian community mental health service.
Results. Medical records of thirty-three eligible adult patients on clozapine were audited. All the patients were prescribed dosages within the recommended daily clozapine range. Clozapine was used for appropriate indications (treatment of treatment resistant-schizophrenia or schizoaffective disorder). Of the 33 patients, clozapine level was subtherapeutic on 54.5% of patients. 54.5% of patients were on an adjunct psychotropic with clozapine. Aripiprazole and sodium valproate were used by eight patients each, and nine patients were identified using selective serotonin reuptake inhibitors. The most common side effect was hypersalivation (57.6%), followed by weight gain (39.4%), sedation (21.2%) and constipation (12.1%). Monthly weight monitoring, physical examination, medical officer monthly review and full blood examination, at 97% compliance met these standards. However, monitoring of Body Mass Index (BMI) (66.7%) and six-monthly consultant reviews (42.4%) showed poor compliance (<70%) with the standards. Most metabolic blood investigations were in moderate compliance (70–90%) except for relatively high compliance

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