theme had been thought about at all: an in depth capturing of any of the themes did not feature in the sample.
Conclusion. This audit highlights important issues for improvement within the SST both in relation to better supporting STOMP and good psychotropic medication management practice, and in relation to its documentation. It also serves as a springboard to a number of initiatives that would help to turn that situation around. In the light of concerns, an early re-audit of practice is recommended.

Antipsychotic Optimisation on an Adult Acute Inpatient Ward: A Retrospective Audit

Dr Soracha Healy* and Dr Radhika Lakhani

South West London and St George's NHS Mental Health Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.442

Aims. Antipsychotic prescribing in acute inpatient settings is an integral part of patient care. The aim of this audit was to review optimisation of antipsychotics on an acute adult inpatient ward in South West London and St George's NHS Mental Health Trust (SWLSTG). It was ascertained how antipsychotic prescribing on an acute ward meets NICE standards, including duration of antipsychotic use prior to medication change. Furthermore, communication of medication changes was reviewed in the context of the paramount importance of collaborative decision-making in aiding adherence. NICE recommends a 4–6 week trial of antipsychotic medication at optimal dosage. However, it was hypothesised this may vary with side-effects, adherence and risk management in the inpatient environment. To establish the relationship between these factors, data were extracted regarding antipsychotic counselling, baseline physical health investigations, antipsychotic choice, dosage and duration, side-effects and treatment response.
Methods. Retrospective data analysis was conducted for patients on an acute adult inpatient ward in SWLSTG. Data extracted from Rio clinical record system and EPMA prescribing software were analysed in Excel. The inclusion criteria were patients admitted or transferred to a 20-bed acute mixed adult ward from 04/08/21 to 04/11/21 with a diagnosis of schizoaffective disorder, schizophrenia, bipolar affective disorder or nonorganic psychosis. This included patients being initiated or continued on antipsychotic medication. From 71 patients, 33 met inclusion criteria. Data were extracted regarding duration of treatment prior to changes in treatment, counselling and pre-treatment investigations. Furthermore, simple statistical analyses were carried out.
Results. The most commonly initiated antipsychotics on admission were olanzapine (33%), quetiapine (21%), risperidone (15%) and zuclopenthixol decanoate (15%). In those requiring change in antipsychotic regime, mean duration from the start of treatment as inpatient to first change was 11.6 days, time between first and second change 13.8 days, and between second and third change 16.0 days.

The data showed in the majority (84.6%) antipsychotics were changed or up-titrated due to inadequate response. Out of the remainder 9.6% were changed due to intolerable side effects and 5.8% due to adherence concerns. In 73% of cases counselling was attempted regarding initial medication changes.
Conclusion. Antipsychotic therapy was altered more quickly than advised by NICE guidance in the acute inpatient setting evaluated. This can be explained by increased risk, need for intensive management and individual clinical factors including side effects and adherence. Collaborative decision making could be enhanced by ensuring that counselling is attempted for every patient.

Achieving Engagement With Services in the Asylum Seeker and Migrant Cohort

Dr Katie Herwig* and Dr Oguzhan Yenice

Mersey Care NHS Foundation Trust, Liverpool, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.443

Aims. Once refugees and migrants have accessed mental health services, there are a number of potential barriers to establishing a positive therapeutic relationship with clinicians and engaging patients in treatment. WHO recommend that training programmes can help clinicians to understand and assess mental health difficulties according to different cultural explanatory models of psychological symptoms. This audit aims to explore current training of those who work with asylum seekers and migrant patients, within the Merseycare Early Intervention in Psychosis teams.
Methods. A survey of 11 questions was sent out to all assessors, team managers, care co-ordinators, psychologists and doctors within the Early Intervention in Psychosis teams. Questions were asked regarding demographics of participants, their views of the difficulties and barriers of working with asylum seekers, their current level of training to work with this particular cohort of patients and their willingness to attend such training.
Results. 33 results were collected and consisted of a broad range of team members. Only 4 out of the 33 participants had any form of training prior to or during their time working with this cohort of patients and 3 of the 4 who had, stated that it was not specific training. Difficulties highlighted included; language barriers, cultural differences, a lack of understanding of the asylum process and a lack of knowledge for local support. All participants said they would be willing to attend training specific to working with the asylum seeker patient population.
Conclusion. This audit demonstrates that we are far from reaching the World Health Organisation recommendations of cultural training for all who work with asylum seeker and migrant patients. It also demonstrates a felt need amongst staff for training to be provided. Recommendations from this audit is to consider mandatory training for all staff, including; cultural training, guidance on use of interpreters and awareness of external support agencies.

Prescribing of Psychiatric Drugs in Pregnancy: A Review of Current Practice in a Community Mental Healthcare Setting

Dr Lucy Hickling* and Dr Nilamadhab Kar

Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.444

Aims. Prescribing of psychotropic medications in pregnancy is still considered a 'grey area' in clinical practice. National Institute for Health and Care Excellence (NICE) in the UK suggests that the decisions should be person-specific, considering the risks to both the mother and unborn child, and the patient is supported to make an informed decision. It is important to explore the use of psychotropic medications during pregnancy, or lack of it, and its subsequent impact on maternal mental health. It was intended to review the decisions expectant mothers are making regarding taking psychiatric medications during pregnancy, and the associated clinical outcomes. Their mental capacity for taking decisions was also checked.

https://doi.org/10.1192/bjo.2022.443 Published online by Cambridge University Press