Evaluation methodology, the researcher in residence has highlighted the culture changes that are key to delivering the aspirations of the Community MH Service framework. These include; the narrative of "no wrong door", an increased and open range of offers and interventions, blended staffing models across traditional organisational boundaries, partnership working, the role of lived experience and the ambition of addressing inequalities.

Conclusion. OMH, the product of Community MH Transformation in Somerset, is a radical and co produced redesign of MH services in partnership with the VCSE and Local Authority that has improved access and support to all people in Somerset.

Prevalence and Correlates of Benzodiazepines' Prescriptions in an Inpatient Setting

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Aims. The National Institute for Health and Care Excellence guidelines state that benzodiazepines (BZD) should not be taken for longer than four weeks. However, there are no recommendations specifically addressing the use and misuse of BZD in inpatient settings and their prescription at discharge. A recent study (Panes et al., 2020) recommended aiming for BZD' total withdrawal or, at least, dose reduction at discharge to reduce the risk of misuse in the community which can lead to dependence and serious side effects. Our study aimed to 1. describe BZD' prescriptions on an acute female ward, before admission, during admission, at the time of discharge and at four and eight weeks post-discharge, 2. identify potential sociodemographic, clinical and therapeutic correlates/predictors of BZD' prescriptions, 3. develop a strategy to reduce BZD' prescriptions or, at least, to reduce the dose of BZD prescribed at discharge.

Methods. Data collection was done retrospectively through electronic medical and prescribing records and included admissions to Avocet Ward, between May and October 2021. Variables collected were age, ethnicity, length of stay, Mental Health Act status, diagnosis, comorbid drugs or alcohol misuse, Home Treatment Team involvement at discharge, community teams, prescriptions of regular and Pro Re Nata BZD and "z-drugs" prior to admission, during admission, at discharge, and at 4 weeks and 8 weeks post-discharge, maximum dose of regular BZD during admission and the dose at discharge.

Results. Among the 59 admissions included, 25.4% had BZD before admission, 81.4% during admission (with a mean maximum dose of regular BZD of 38.8 mg (SD = 17.3) of diazepam equivalent), 50.8% at discharge (with a mean dose of 28.5 mg (SD = 18.5) of regular BZD), 35.6% 4 weeks post-discharge and 27.1% 8 weeks post-discharge. The odds of having regular BZD during admission were 7.4 times more likely for those on regular BZD before admission after controlling for other variables (95% CI: 1.1, 50). The maximum dose of regular BZD during admission was positively correlated with the dose of regular BZD at discharge ($r(15) = .67$, $p < .01$). Among the regular BZD prescribed during admission ($N = 23$), 26.1% were fully discontinued by the time of discharge and 43.5% were titrated down, while 30.4% remained at the same maximum dose prescribed during admission.

Conclusion. BZD prescriptions are common at discharge from inpatient settings and can be associated with BZD misuse in the community. We suggest strategies to avoid this issue.

Case Study

Ekbom Syndrome: A Case Report

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Aims. Ekbom's syndrome (ES), also called delusional parasitosis, is a condition where the patient has an unshakable belief and a perception of being infested with parasites. ES is thought to mainly affect postmenopausal females and because patients are usually mono-symptomatic, they usually seek care from dermatologists. It is advocated to form a liaison between dermatology and psychiatry to ensure a full range of differential diagnoses, in order to form the most suitable management plan.

Methods. Case report

Results. An 87-year-old widow was referred to the outpatient psychiatric clinic of King Abdullah University Hospital by a dermatologist because of generalized chronic pruritus that she believes is caused by a bug infestation. The symptoms started one year prior to presentation (soon after an ischemic stroke) with the perception that macroscopic parasites were crawling over her body, biting her face, head, and hands, and entering her eyes. She tried various strategies to eradicate the parasites with no benefit. Psychiatric examination findings included hypochondriac delusional ideas and dysphoria. When her general medical condition and her medications were reviewed, it was found that she had been diagnosed with hypertension and ischemic heart disease. She was taking antihypertensive drugs and blood thinners. After haloperidol 5 mg daily was added, she had a progressive clinical improvement.

Conclusion. ES is a neuropsychiatric syndrome that can follow primary psychotic or depressive disorders, dementia, or other organic diseases. Consultation-liaison by psychiatrists and dermatologists will be useful to assure timely referral. Better awareness of such an illness by general physicians, early recognition, good rapport, and empathic treatment are the cornerstones of management in such cases.

Case Study on an Ethical Dilemma

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Aims. Mr AB is a 58-year-old male with diagnosis of Schizoid Personality disorder. An articulate and intelligent man, AB derived happiness and contentment from his work. Due to workplace conflicts, he was asked to resign several years ago and has not worked since. Mr AB then found a sense of purpose in life by looking after his elderly parents. His parents sadly died a few years ago and since then he has been living on his own. He has never married. AB has one brother who helps him with shopping and groceries. Prior to this admission, AB was admitted once a few years ago when he was diagnosed with Depressive Disorder.

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