Somatic Symptoms in children and young people across physical and mental health services. This is needed to ensure timely diagnosis, psycho-education, appropriate intervention, and better long-term outcomes for affected young people and their families.

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A Service Evaluation to Evaluate the Predictors of Sexual Disinhibition on an Acute Male Inpatient Ward

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Aims: Sexual disinhibition, a neuropsychiatric symptom characterised by inappropriate sexual comments and/or behaviours, remains poorly understood in a general adult population. The absence of standardised assessment tools and limited measures to capture disinhibition may contribute to underestimating its prevalence and clinical significance. This study aimed to (1) determine the prevalence of sexual disinhibition on an acute all-male adult inpatient ward and (2) identify potential predictors of its occurrence.

Methods: Data from 55 patients was collected prospectively over a six-month duration to evaluate the prevalence and predictors of sexual disinhibition on an acute male inpatient ward. Included diagnoses encompassed psychosis, bipolar disorder, anxiety, depression, autism spectrum disorder, schizophrenia, schizoaffective disorder and personality disorders. Dichotomous variables included sexual disinhibition (current and past), delusions of a sexual nature, substance misuse, forensic history, history of abuse and medication use, including benzodiazepines, antipsychotics, mood stabilisers, antidepressants and depot medication. Scale variables included age. Family history of mental illness, age of onset, disease duration and unilateral parenting were excluded as a result of missing data. A binomial logistic regression was performed to examine the effects of these factors on the likelihood of sexual disinhibition.

Results: In total, 55 male patients, of whom 45.5% presented with sexual disinhibition, were included in our service evaluation (age: 44 ±14 years, detained under the MHA: 96.3%, previous sexual disinhibition: 61.8%, delusions of a sexual nature: 25.5%). Psychiatric diagnoses included psychosis (69.1%), bipolar disorder (16.4%), anxiety (18.2%), depression (27.3%), autism spectrum disorder (14.5%), schizophrenia (40.0%), schizoaffective disorder (21.8%) and personality disorder (25.5%). Presence of substance misuse was observed in 52.7% of patients, whilst forensic history was seen in 63.6%. Abuse was reported in nearly half of the patients (49.1%). The model was statistically significant ($\chi2(20)=45.329$, $P<0.001$), explaining 75.1% (Nagelkerke R2) of the variance in sexual disinhibition and correctly classified 87.3% of cases. Only one variable was significant, delusions of a sexual nature ($\chi2(1) = 4.228$, $P=0.040$).

Conclusion: Our findings highlight a positive association between sexual disinhibition and delusions of a sexual nature. Clinicians should recognise sexual disinhibition as a potential indicator of sexual delusions, aiming to assess these symptoms comprehensively and non-judgementally to better understand individual patient psychopathology. Educating patients and caregivers on this association may reduce stigma and aid understanding towards the patient. Future research should investigate the mechanisms of this relationship with larger sample sizes to minimise the risk of type II errors.

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Hearing From Mums-to-Be: A Qualitative Study Looking at the Experience of Mothers on the PRAM Project

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Aims: Antenatal depression significantly impacts maternal and foetal health outcomes, yet it remains underdiagnosed and undertreated. The Psychological Resilience in Antenatal Management (PRAM) programme at KK Women's and Children's Hospital in Singapore was established in December 2022 as a strategy to identify antenatal depression early among pregnant patients. Under the PRAM programme, universal antenatal depression screening is integrated into the routine care programme for pregnant patients, using a modified version of the Edinburgh Postnatal Depression Scale (EPDS) questionnaire during their routine obstetric check-up in the second trimester, for early intervention by the perinatal mental health team.

This qualitative study explores the lived experiences of pregnant women who have undergone screening and intervention under the PRAM programme. It seeks to understand their perceptions of the screening and intervention process, identify barriers and facilitators to help-seeking, and examine effective components of the therapeutic process.

Methods: Using an Interpretative Phenomenological Analysis (IPA) approach, semi-structured interviews were conducted with 10 women who have participated in the PRAM programme between November 2023 to January 2025. Interviews were completed either virtually over Zoom (N=8) or in person (N=2). The interviews explored participants' experiences with antenatal depression screening, subsequent interventions, and their overall pregnancy journey while managing mental health concerns.

Results: Preliminary analysis reveals several key themes in participants' experiences. For half of the participants (N=5), the screening process served as an opportunity for self-evaluation and mental health awareness. Obstetricians have also been identified to be crucial facilitators, serving as the initial point of psychiatric referral and influencing women's decisions to seek support. A significant barrier identified by four participants was the stigma associated with psychiatric diagnoses and receiving psychiatric help. Additionally, participants emphasised the importance of spousal involvement in the therapeutic process, with several women expressing a desire for greater partner participation in their mental health journey.

Conclusion: Understanding women's experiences with the PRAM programme contributes to improving screening protocols and

developing more effective, patient-centred approaches to managing antenatal depression. The findings highlight the need for integrated care pathways that address stigma, enhance partner involvement, and strengthen the role of obstetricians in perinatal mental health care. These insights can inform the development of more comprehensive and accessible mental health support services within perinatal care settings.

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Long-Acting Antipsychotic Injections: Prescribing Practices Across BCUHB

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Aims: Our aims for this project were to examine how long-acting antipsychotics are prescribed in the various teams (both inpatient, community and specialist services) across BCUHB, with a view to identify any emerging trends, and to compare this with data on efficacy and cost-effectiveness obtained via a systematic search of the available literature.

Methods: Data on depots prescribed across BCUHB was provided to us by the mental health pharmacy team for the year April 2023–March 2024. We extracted our points of interest from this data and demonstrated this graphically using Microsoft Excel.

We also completed a literature search of Ovid, Cochrane Library and Google Scholar on the topic, to identify relevant systematic reviews which included studies comparing depot antipsychotics head-to-head. This returned 1500 articles, of which 15 were shortlisted by title relevance, and 4 included following full-text analysis.

Results: According to the available research, there is no demonstrated clear superiority in efficacy of specific long-acting antipsychotics. The data on cost-effectiveness was somewhat conflicting; in that risperidone was found in a recent systematic review to be the most cost-effective in most studies apart from included UK studies; but that also paliperidone was more cost-effective than the typical antipsychotics. Our data showed that the three most commonly prescribed in BCUHB are typical antipsychotics, and interestingly, the unit price per depot for paliperidone in BCUHB was significantly higher than any other.

Conclusion: 'Cost-effectiveness' in the systematic review we looked at was defined by QALYS ('one year of life in perfect health'). To look at the BCUHB 'price per depot', you may, incorrectly, assume that prescribing paliperidone would be a waste of money (with it being 173 times more expensive than the highest dose of the cheapest depot available). This suggests that use of paliperidone may make cost-savings in the longer-term, for example, in preventing admissions to hospital which are costly. In BCUHB, paliperidone is commonly prescribed to patients with learning disabilities, but is not a commonly prescribed depot amongst general adult groups (either inpatient or community).

There is limited guidance on choice of antipsychotic depot and given the absence of significant differences in their efficacy, it is generally down to clinician choice, taking into account patient preferences and drug tolerability profiles. As mentioned, cost does not equal cost-effectiveness and having an awareness of this may influence local guidance and decision-making.

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Audit

How Robust Are Our Care Plans for Patients Detained Under Community Compulsory Treatment Orders?

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Aims: The Mental Welfare Commission (MWC) released a report in February 2024 recommending the use of audit to ensure good clinical practice in the use of community Compulsory Treatment Orders (cCTO) as part of the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA). One particular area of concern was the use of care plans under section 76 of the Act.

An audit was performed across NHS Lanarkshire Mental Health services to determine if all patients on cCTOs had Section 76 care plans in place that were valid and compliant with the minimum standards set out by the MWC.

Methods: Medical records administration staff were contacted across all of the psychiatry specialities within the health board, to supply a list of patients on cCTOs. Their electronic medical records were reviewed and relevant data collated by the authors to determine if the appropriate paperwork was in place, was valid, and met the minimum standards, as set out by the MWC.

Results: Within NHS Lanarkshire, there were 89 patients on cCTOs. 87 of these had a Section 76 care plan in place, though one of these was considered invalid.

Only 24% of the care plans were found to meet all of the minimum standards. There was noted to be a high degree of variability in which of the minimum standards were met, how the care plans were documented and the quality of the information contained within them, across the specialties and between individual psychiatrists.

Conclusion: This was the first audit looking at cCTO Section 76 care plans carried out in NHS Lanarkshire. It demonstrated there is a need for standardisation of these care plans across mental health services, to ensure that as a minimum, all statutory information is documented.

Recommendations from the audit included the use of a proforma to capture the information required to meet the minimum standards, as well as provide prompts for additional information to improve the quality of the care plans. It has also been recommended that each psychiatry specialty sets up their own annual audit of care plans, and an audit tool for this has been provided.

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