Audit of Melatonin Use Across Child and Adolescent Mental Health Services (CAMHS) in Lincolnshire

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Aims: To establish baseline data on melatonin use.

To compare the patterns of use with national guidelines.

To make recommendations to the teams.

Methods: A retrospective audit of patient records under the CAMHS services in Lincolnshire was undertaken to identify patients on melatonin as of June 2024. Data was collected from medical records between June and July 2024. Patients under 19 years and prescribed melatonin were included. Patients previously on melatonin but discontinued by June 2024 were excluded.

This audit was inspired by the POMH melatonin audit.

Results: 54 patients were identified, 23 males and 31 females. About half of the patients had been on melatonin for over one year (n=25).

Autism/autistic spectrum disorder was the most common diagnosis/comorbidity – 36 patients, 29 patients had an anxiety disorder, 21 patients had diagnosed/comorbid hyperkinetic disorders, 12 patients had mood disorders while 14 patients did not have a diagnosed neurodevelopmental disorder.

In 84.6% of prescriptions, evidence-based non-pharmacological measures were tried first.

The target symptom(s) for melatonin treatment was clear in 55.6% of cases. Sleep latency was the most common target, followed by reducing night-time awakening.

Licensed melatonin preparation was used in 46.3% of prescriptions. The preparation was however not clearly documented in most of the cases. (Licensed use covers insomnia with autism spectrum disorder (Slenyto), insomnia with Smith–Magenis syndrome (Slenyto), insomnia associated with behavioural disorders in children and adolescents (Adaflex)).

86.7% of prescriptions were reviewed for efficacy within 3 months while tolerability (side effects) was reviewed in 46.7%.

The need for continuing melatonin treatment was reviewed annually in 80.8% of cases while tolerability was reviewed in 30.8%.

Conclusion: The audit revealed high rates of prescription in certain areas of the county, it also showed that documentation of indication and target symptoms was not always available, similarly review of tolerability (side effects) was not always available.

The findings were presented to the CAMHS consultants. The high rates were thought to be related to shift in practice over time, perhaps due to consultants shortage.

Documentation of efficacy was more often done than review of tolerability. One reason for this could be that melatonin was being monitored by the community paediatrics team or the GP.

The need for clear documentation can therefore not be overemphasized.

The audit did not consider those who were able to stop melatonin. This could be useful to support patients.

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.

Re-Audit of Safe Deprescribing on Inpatient Psychiatric Wards After Implementation of an Electronic Prescribing Management and Administration (EPMA) System in an NHS Trust

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Aims: The audit aimed to evaluate the effectiveness of transitioning from paper-based patient prescription charts (Kardex) to an electronic prescribing and medication administration system (EPMA) in improving compliance with safe deprescribing practices on inpatient psychiatric wards. Specific objectives included assessing adherence to Trust guidelines, reducing incidents of incorrect medication deprescription, and enhancing clarity regarding medication changes.

Methods: This audit was performed in May 2024 on all psychiatric inpatient wards utilising the EPMA system. This system had been in use for over a year in the Trust following a phasing out of the paper Kardex. During this period, the EPMA records of inpatients were evaluated. The findings were compared with that from a previous audit, which examined Kardex records in March 2022. The comparative analysis centred on deprescribing practices, examining whether medications were properly discontinued, entries were completely filled, and justifications for deprescribing were noted. The audit complied with Trust protocols and ethical governance requirements.

Results: The transition from the Kardex system to EPMA resulted in significant improvements in safe deprescribing practices. There was 100% compliance in details on the system corresponding to most of the standards measured in the previous audit, including name crossed, row crossed fully, ID, code (reason) and stop date. The sole exception to this was observed when utilising the 'other' option in EPMA's dropdown menu, where adherence to providing a stated reason was 94.5%, a metric not evaluated in the initial audit as this was not facilitated by the paper Kardex. In this audit, all the standards were met and the medications were considered safely deprescribed. This stands in contrast to the previous audit where less than 33.88% of deprescribed medications met the standards.

Conclusion: The EPMA system demonstrated substantial progress in promoting safe deprescribing practices aligned with Trust guidelines. The notable improvement in compliance clearly demonstrates the significant influence of technology on clinical practice and patient safety in relation to medication prescription and administration in this case.

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Audit of NICE QS101 Learning Disability: Behaviour That Challenges

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Aims: To check compliance with the NICE guidance for behaviour that challenges, and to identify potential actions/change ideas for areas requiring improvement.
Methods: Data collection took place between 15 January and 15 April 2024. Data was collected by clinical staff on proformas based on the NICE guidance, which were co-designed by the Improvement Team and clinical staff. Data was collected using patients' electronic records held on the Carenotes system and shared drives.

3 pilot proformas were initially completed across 3 different services to assess the robustness of audit proforma and to identify any changes required prior to the main audit. Following the pilot, changes were made to audit proforma after discussion in the audit meeting. Both inpatient and community teams collected data during the above-mentioned timeframe, and data was then sent to the Improvement Team for analysis. Data was input into a Microsoft Excel spreadsheet and analysed by the Improvement Team.
Results: 30 patient records assessed.

97% of patients had an initial assessment, and 95% of community patients and 100% of inpatients had a named lead practitioner.

93% of patients had a care and support plan. All inpatients (100%) had timetabled daily activities with documented evidence of participation.

90% of community patients had access to specialist behavioural support. However, only 55% of applicable community patients were supported to choose where and how they live.

100% of restrictive interventions had a documented review.

77% of patients were prescribed antipsychotics, with 100% receiving psychological support alongside medication. Among these, 65% had a multidisciplinary review (MDT) of their antipsychotic use, with 45% reviewed within 3 months of initiation and 70% having subsequent reviews every 6 months.
Conclusion: Most patients had initial assessment and a named lead practitioner with specialist beahviour support in the community. Some areas of improvement include review of PBS plans and more MDT work around antipsychotics and physical health reviews.

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Ethnicity of Referrals to Liaison Psychiatry Services at Aberdeen Royal Infirmary: An Audit

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Aims: This audit aims to record the ethnicity of referrals to Liaison Psychiatry from January 1 to December 31, 2024, to evaluate whether the ethnic representation of these referrals aligns with the demographic composition of the local population and to identify any disproportionality in certain ethnic groups, which may require targeted intervention or further investigation.
Methods: Electronic records of all Liaison Psychiatry referrals made between January 1 and December 31, 2024, were reviewed. 539 patients were referred for self-harm and 607 patients were ward referrals. Emergency and ward referrals were grouped under 'ward referrals'. Data from electronic records were cross-referenced with paper records to ensure accuracy. Ethnicity data, where missing, were retrieved from SCI-Docs when possible. Referral ethnicity data were compared with 2024 census data from four constituencies. All analyses adhered to strict confidentiality protocols, ensuring anonymity and privacy for all patients.
Results: Between January 1 and December 31, 2024, most of the patients in the 'self-harm' and 'ward referrals' groups identified as White (90.9% and 89.5%, respectively), which is consistent with 2024 census data (91.4%). 'Mixed or multiple ethnic groups' were absent in the self-harm group and underrepresented in ward referrals (0.7% vs. 1.3%). 'Asian, Asian Scottish or Asian British' individuals (1.7% and 1.5%) and African individuals (0.4% and 0.8%) were also underrepresented compared with census data. The proportion of 'Caribbean or Black' individuals is consistent across all groups, aligning with their low representation in the overall population (0.2%). Patients in the 'Other ethnic groups' category were slightly overrepresented, highlighting areas for further investigation and intervention.
Conclusion: This audit has highlighted significant findings regarding the ethnic representation of patients referred to the Liaison Psychiatry Department at Aberdeen Royal Infirmary. 'White' individuals dominate referrals, while 'Mixed or multiple ethnic groups', 'African', and 'Asian, Asian Scottish or Asian British' individuals are notably underrepresented. Conversely, individuals from 'Other ethnic groups' are slightly overrepresented. To address these disproportionalities, recommendations include improving ethnicity data collection, comparing the urgency of referrals, fostering community outreach to underrepresented groups, and providing cultural competency training for staff. Further research into systemic and social factors is essential, alongside ongoing monitoring and evaluation of progress. These measures aim to promote equitable, culturally informed mental health services, ensuring inclusive care for all ethnic backgrounds.

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Antipsychotic Medication Review of Care Homes Residents in Neath Port Talbot (NPT)

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Aims: To reduce or stop inappropriate prescriptions of antipsychotic medication in Older Adults with dementia or functional illness residing in care homes in NPT, by ensuring adequate and timely reviews of antipsychotic medications.

It also compares its findings with the last audit results in October 2022.
Methods: Retrospective Audit included patients in care homes under CHIRT from NPT, a total of 164 patient were on antipsychotic medication starting this audit compared with 146 total number of patients on last audit in 2022.

Audit period: 10/5/2023 to 10/05/2024.

Data were collected from the antipsychotic register, reviewing the initiation and monitoring charts to assess patients for side effects.

Patients were classified according to Age, Gender, Diagnosis, Prescribed Antipsychotic and status of the antipsychotic reviews.
Results: A larger number of patients on antipsychotics compared with previous audit with expected demographics and side effects given the offered medication.

A total of 83 patients were continued on antipsychotics, 56 patients discontinued antipsychotics, with 25 reported deaths within the audit year. This shows a significant increase in number of

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