Early findings suggest feasibility, acceptability, and potential benefit for sleep onset/maintenance and subjective sleep quality. PSQI data highlight persistent contributors (pain, nocturia, motor symptoms) needing integrated management alongside behavioural input. In Patient 1, improvements in jerky movements and nocturnal confusion coincided with concurrent attendance to the non-epileptic attack disorder group in our service, suggesting possible synergistic benefit. Future work could adapt this p into a web-based platform with AI-support to improve scalability where specialist sleep provision is limited.

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Overuse of Chemical Restraints for the Treatment of Aggressive Psychiatric Inpatients : A Clinical Report

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Aims: Aggression in psychiatric inpatients is a frequent challenge that threatens staff safety and patient well-being. Although guidelines recommend verbal de-escalation as the first-line approach, restrictive practices such as chemical and physical restraints are often overused.
Methods: A retrospective review of patient records was conducted at the Services Hospital Lahore psychiatry ward (January–June 2022). Data were compared against NICE NG10 and Maudsley prescribing guidelines.
Results: A total of 30 inpatients were included (66.7% male, mean age 35.4 ± 11.6 years). Diagnoses included substance-related disorders (50%), schizophrenia/psychosis (40%), mood disorders (10%), and dissociative disorders (10%). All patients (100%) were managed with chemical restraints as first-line intervention; 20% also required physical restraints. None received verbal de-escalation first. Reasons included fear of patient violence (40%), rapid availability of medication (40%), and lack of staff training (20%).
Conclusion: There is systemic over-reliance on chemical restraints in this setting, with minimal use of evidence-based de-escalation. Staff training and guideline adherence are urgently required.

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Differences in Mortality Rates Between Services Users of Different Racial/ethnic Groups

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Aims: The purpose of this thematic review was to analyse and explore the underlying factors contributing to differences in mortality rates among service users from different racial and ethnic groups within South West London and St George's Mental Health NHS Trust (SWLStG), specifically in ethnic minority groups. By systematically examining deaths occurring under the care of the Trust, the review aimed to identify recurring themes, potentially to inform recommendations to reduce inequalities and improve patient safety.
Methods: Information was collected on all reported deaths between February 2025 and April 2025 of service users under the care of the Trust's mental health services. A total of 145 deaths were reported and included in the review. Incident reports were extracted from Ulysses. Demographic and clinical information was checked and verified using RIO, including recorded ethnicity, progress notes, and relevant clinical and risk assessment documentation.
Results: Of the 145 deaths reviewed, most occurred among White British (66%) or "other white" service users (10%), and of confirmed or suspected suicides, 73% were from white British or "other white" service users. 6.21% of service users' ethnicity was unknown. Most deaths (84%) were due to natural causes, often at relatively older ages and in the context of significant physical health comorbidity. A proportion of deaths occurred following loss of contact with services, due to patient disengagement or during transition between mental health teams. There was limited information available for some deaths, making cause and circumstance unclear. Variation in service engagement and clinical documentation was observed across teams. Most service users had a documented mental disorder, most commonly cognitive decline or dementia (27%) and mixed anxiety and depression (25%). Among patients who died by possible suicide, 31.8% had a history of drug or alcohol dependence. No clear ethnicity-specific themes were identified, with interpretation limited by the small sample size.
Conclusion: This review highlights that most deaths among mental health service users were due to natural causes and were associated with physical health comorbidities. Recurrent themes included disengagement from services, communication gaps during care transitions, and variable documentation. Although ethnic minorities were a small proportion of the sample, evidence of lower access of these populations to mental health services remains relevant. Improving consistency of ethnicity recording, clinical documentation, engagement with service users, as well as strengthening communication between services, is indicated.

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Can Lunchtime Teaching Help Deliver Psychotherapy Competencies? an Evaluation of a Case-Based Teaching Model in an Inpatient Psychiatric Setting

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Aims: Background

Psychotherapy competencies form a core part of psychiatry training, yet access to psychotherapy-related learning opportunities is often limited, particularly within inpatient psychiatric settings. Trainees and students working on inpatient wards may have fewer opportunities to observe or practise psychologically informed approaches, despite the centrality of formulation, therapeutic relationships, and reflective practice in this context. Teaching