n=35, Cherrywood: n=33) was conducted. Data collected included demographics, diagnoses, substance misuse history, documentation practices, and management interventions such as care planning, multidisciplinary team (MDT) discussions, CPA meetings, referrals to specialist services, and psychoeducation.
Results: Of the 96 patients, 53% (n=51) had a history of substance misuse, with current misuse documented in 33% (n=32). PICU had the highest prevalence (60%, n=17), followed by Pinewood (51%, n=18) and Cherrywood (48%, n=16). Cannabis was the most frequently reported substance (100% in Willow Suite, 29% in Pinewood, 33% in Cherrywood), followed by cocaine (45%), alcohol (14%), and opiates (10%). Polysubstance use was noted in 47% of Willow Suite patients, 45% in Pinewood, and 44% in Cherrywood.

Across the wards, substance misuse was documented in 34% of core assessments and 42% of progress notes. Care plans addressed substance misuse in only 12% of cases, while MDT reviews and CPA meetings discussed it in 22% and 13%, respectively. Referrals to external substance misuse services were rare (3%, n=3). Psychoeducation was offered to 15% (n=15) of patients.
Conclusion: Substance misuse is highly prevalent among inpatients, yet its management remains inconsistent. Gaps in documentation and limited referrals to specialist services indicate the need for improved screening, structured care planning, and closer collaboration with external agencies. These findings highlight an urgent need for targeted service improvements to enhance care for this vulnerable population.

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.

Clozapine Prescribing in the General Hospitals

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Aims: Clozapine is an effective treatment for adults with schizophrenia, who have not responded to two other antipsychotic medications. However, there are challenges prescribing when patients who take clozapine in the community are admitted to a General Hospital for physical health reasons. These challenges can include physical health co-morbidities, medication interactions, blood dyscrasias, changes in smoking status and bowel movements, infection, missed or incorrect doses of clozapine prescribed, and clozapine toxicity.

Our aim was to evaluate the management of clozapine for patients admitted to a General Hospital, including the interaction with Liaison Psychiatry.
Methods: Data were collected retrospectively, between January 2022 and January 2023, from two General Hospitals in England. There were a total of 45 admissions to a General Hospital for 34 patients who were identified as prescribed clozapine in the community. Electronic records were accessed for the community, General Hospital and Mental Health service. Records were reviewed to assess if the clozapine prescription was correctly recorded on the community record, and if a referral to Liaison Psychiatry was made on admission. Within the Liaison Psychiatry review, records were reviewed for documentation of full blood count, medication concordance, smoking status, bowel movements, physical health concerns, medication interactions, signs of clozapine toxicity and recommendations for a clozapine level.
Results: The clozapine prescription was documented correctly in 16% (7/45) of occurrences in community records.

On admission to a General Hospital, 49% (22/45) of patients were referred to Liaison Psychiatry. The mean time for referral from admission was 41.07 hours. Of the 22 admissions that were referred, 68% (15/22) were seen within 24 hours by Liaison Psychiatry.

On review with Liaison Psychiatry, the frequency of documentation seen was: full blood count (65%), medication concordance (65%), smoking status (50%), bowel movements (41%), physical health concerns (91%), medication interactions (38%) and signs of clozapine toxicity (18%). Advice regarding a clozapine level was documented for 35% of patients.
Conclusion: Local education was arranged for the community, General Hospital and Mental Health Trust. A Trust-wide policy was written for the General Hospital to utilise for patients that are prescribed clozapine. This included the importance of referring immediately to Liaison Psychiatry to reduce disruption in treatment and the need to monitor for bowel-related complications. A clozapine admission checklist was introduced for local Psychiatry teams to use when reviewing a patient who takes clozapine. With these measures now implemented, data will be collected to review the effectiveness.

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'The Telepsychiatry Clinic On-the-Run': How a Unique Tele-Mental Health Clinic Is Thriving in the Midst of Political Turmoil in Myanmar

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Aims: The WHO estimated that 1 in 5 people living in conflict areas have some form of mental disorder. On top of this, limited access to mental health care in these areas continues to amplify the issue. However, hope can be found through the increased use of telehealth during the COVID-19 pandemic, which has opened the opportunity to apply the platform in conflict zones.

The pre-existing need of mental health services in Myanmar was aggravated by the 2021 coup and the ongoing COVID 19 pandemic. The Ministry of Health (MOH) of the National Unity Government (a chosen government formed with democratically elected MPs) developed a system of free telehealth care. The Tele Health Clinic was initially composed of healthcare workers from the liberated borders of Myanmar and later joined by local/international clinicians. The Tele Mental Health (MH) Clinic was then opened in August 2021 to address the devastating mental health burden superimposed by the combination of coup and pandemic.

Objective of the Study: To describe the development of a telepsychiatry clinic amidst the current political turmoil in Myanmar.
Methods: Review of the historical data of Myanmar civil war, military coup in 2021 and Civil Disobedience Movement.