Rapid Tranquilisation Use in Working-Age Adult Inpatients

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Aims. This study aimed to review if clinicians varied significantly in choosing rapid tranquillisation agents when using consistent clinical guidelines, analysing the rationale behind decision-making. It also aimed to assess confidence across varying grades and clinical experience, and to evaluate efficacy of current trust guidelines. We hypothesized that less experienced clinicians would be less willing to prescribe antipsychotics for rapid tranquillisation, and that current guidelines did not allow for consistent and uniform prescribing.
Methods. A qualitative survey was distributed to 165 clinicians within one mental health trust, including core psychiatry trainees, trust-grade doctors, higher trainees, staff-grade doctors & working-age adult consultants. This survey included a fictional but commonly occurring scenario which clinicians responded to with the aid of current trust guidance. Respondents were then asked to justify their choice and to rank their confidence in prescribing rapid tranquillisation, along with rating how useful the guideline was in aiding their decision. Thirty-six participants responded to this survey, with a response rate of around 22%. There was even representation across clinical grades.
Results. Clinicians of all grades were equally willing to prescribe antipsychotic agents for rapid tranquillisation. Higher psychiatric trainees reported greatest self-confidence when prescribing tranquillisation, with consultants surprisingly lower in confidence. Intramuscular olanzapine was most favourable, but significant variability was observed in suggested management between clinicians. Main themes for suggested amendments to the guideline included clarity, when to use the various options, further specification on dosage ranges and options for specific instances, such as if a patient is antipsychotic naïve or there is minimal physical health information.

There was marked variability in choice of agent. The majority of clinicians felt that early commencement of antipsychotic was beneficial in acutely unwell patients, although the merits of initially assessing medication-free were also raised. Key themes for tranquillisation choice included a need for a prior electrocardiogram to prescribe intramuscular haloperidol, the potential lack of efficacy with aripiprazole, the risk of respiratory depression with concurrent olanzapine and lorazepam, and a surprisingly high proportion of respondents opting for combined use of haloperidol plus a further sedative.
Conclusion. Less experienced clinicians were not found to lack confidence to prescribe antipsychotics for rapid tranquillisation. However, clinicians responding to the same clinical scenario using the same guideline resulted in marked variability in choosing rapid tranquillisation agents. This highlights a need for clearer guidelines and education on this matter to ensure a consistent treatment approach to tranquillising medication.

The Use of Skype Video Telecommunication (VTC) for Social Visits in a Medium Secure Hospital: A Service Evaluation

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Aims. The COVID-19 pandemic brought unprecedented disruptions in the ways we lived and interacted with one another. Research studies done in the immediate aftermath suggested that the COVID-19 pandemic and associated lockdown restrictions may have increased feelings of isolation and loneliness, which together with disruptions in services may have precipitated psychological distress and mental health deterioration, particularly among persons with pre-existing mental health conditions. Following the introduction of first national lockdown in late March 2020, all visits to the hospital by family and friends were ceased. VTC became one of the rapid interventions implemented across several NHS Hospitals to promote continued patient contact with carers. In October 2021, we set out to undertake an evaluation project to determine the level of patient satisfaction with the use of Skype for social visits, to understand patient and staff perspectives on its pros and cons, and to understand patient preference post-COVID-19 pandemic.
Methods. All ward-based staff who had ever facilitated Skype social visits and all patients who had had at least one social visit facilitated by Skype were approached to participate in the project. Data were collected using anonymous questionnaires with both quantitative and qualitative items.
Results. A total of twenty-nine patients and thirty-nine nursing staff participated in the study.

Sixty-two per cent of patient-participants reported being satisfied with the Skype social visits and over half (52%) rated the Skype social visits as 'the same' as face-to-face visits. All participants reported patient-satisfaction with the process and speed of setting up a Skype visit, the benefits of visual contact and the reduction of travel costs. A few patient-participants noted that they relished the opportunity of seeing their home environment. Issues regarding increased demands on staffing resources, privacy, IT skills, and hardware and software glitches were identified.

Overall, Skype social visits have been a positive experience for the patients and have not resulted in any significant risk concerns. Most patients (90%) indicated that they would like Skype social visits to continue post-COVID-19 pandemic.
Conclusion. The average length of stay (LOS) of patients is often longer in forensic compared to general adult mental health units and about 4.5 years at the study site. This evaluation found that the introduction of Skype for the purposes of social visits was considered a useful development by both patients and staff. The study findings were fed back to all stakeholders and certain changes have been implemented as a result.

Impact of COVID-19 Related Work Model Changes on Service Pathways for New Patient Assessments at East Kent Neuropsychiatry Service: Service Evaluation Comparing One Year Pre-COVID-19 Lockdown With One Year Post-Lockdown

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