Results. The new RANZCP position statements on autism and intellectual disability make a number of systemic recommendations to address the mental health needs of autistic people and intellectual disability including:

- providing adequate funding to ensure appropriate policy implementation
- educating and training health providers in the mental health needs of autistic people and people with intellectual disability
- including the voices of autistic people to support a more inclusive approach to policy development and service design
- collecting data on the needs of people with intellectual disability who are living with mental health conditions to support better service planning and better health outcomes.
- In response to recommendations from the Disability Royal Commission, the RANZCP is also revising its training syllabus to include additional requirements for cognitive disability and has reviewed its CPD program to determine whether CPD for the provision of health care to people with intellectual disability should be enhanced.

Conclusion. The RANZCP is committed to addressing the unmet mental health needs and significant challenges of people with autism and intellectual disability and advocating for improving resourcing and mental health support for these groups.

Recognition and Management of Depression in Adults With a Chronic Physical Health Problem in the Acute Medical Setting

Dr Rebecca Murphy Lonergan* and Dr Muhammed Mainuddin

North Middlesex University Hospital, London, United Kingdom
*Corresponding author.

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Aims. To compare current trust practice to NICE clinical guideline 91. To identify patients with a history of depression or chronic physical illness on admission to acute medical services. To assess such patients for evidence of new or ongoing depression and establish prevalence of depressive symptoms in high risk patient groups. To establish appropriate pathways for referral to mental health services

Methods. Cycle one: Eligible adult medical patients were screened for self-reported symptoms of low mood and anhedonia over the 2 weeks prior to admission. Inclusion criteria required patients to have either a past history of a chronic physical health condition or a past history of depression.

For those who answered "YES" to depressive symptoms, clinicians were prompted to refer to mental health services.

Intervention:

Screening questions were added to the adult medical clerking proforma for routine screening of admitted patients.

Patients self-identifying as depressed were triaged as requiring either inpatient liaison psychiatry team support or were referred to Improving Access to Psychological Therapies (IAPT) team on discharge with GP follow up.

Acute Medical departmental teaching session held on CG91 and new referral pathway created with input from liaison psychiatry team.

Cycle two:

Audit cycle repeated, including audit of outcomes following identification of patients with depressive symptoms.

Results. In cycle one, of 123 patients, 90 were eligible for inclusion (PPHx depression n=39; PMHx chronic physical condition n=51).

Of those with a past history of depression, 85% reported YES to current symptoms.

Of patients with a chronic physical condition, without prior history of depression, 48% reported low mood or anhedonia in the past two weeks.

Following introduction of electronic screening questions, completion rate by clinicians was 65% (eligible patients n=102; PPHx depression n=43; PMHx chronic physical condition n=59). 44% of patients with a chronic physical health problem self-reported symptoms of depression.

After local educational meeting, 84% of identified patients had a planned referral to primary or secondary care for further mental health assessment and support.

Conclusion. Around half of patients with chronic physical health conditions self-report high levels of depressive symptoms, without a known mental health diagnosis or support in place.

Screening of patients on admission provides an opportunity for appropriate intervention.

Establishing clear referral pathways and ongoing education is needed to ensure all identified patients are referred for further assessment.

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.

Quality Improvement Project on Improving Patient and Family Experience in Psychiatric Inpatient Unit at Derby (Tissington House)

Dr Irangani Nawasiya Mudiyanselage[1]*, Dr Paul McCormick[2], Mrs Jill Smith[2], Dr Sasha Bhatty[2], Dr Emma Dickinson[1], Dr Tariq Aziz[2] and Dr Avinash Panesar[3]

[1]Nottinghamshire Health Care NHS Foundation Trust, Nottingham, United Kingdom; [2]Derbyshire Health Care NHS Foundation Trust, Derby, United Kingdom and [3]Chesterfield Royal Hospital, Chesterfield, United Kingdom
*Corresponding author.

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Aims. Admission to a Psychiatric inpatient unit can be a stressful time for patients and families. Patient's and carers have advised staff on the ward that there is a lack of information available regarding the policies and procedures in the unit. This includes information on ward rounds, leave arrangements and discharge planning. The aim is to enhance the ward-based experience of patients and their families by attempting to explore areas to improved, particularly about providing information that will help them to understand the process of admission to an inpatient Psychiatric as well as what to expect throughout their admission and on discharge.

Methods. A questionnaire was distributed to all the 'current' in-patients and their families. The questionnaire was kept anonymous to encourage everyone to contribute honestly. Data were collected from 20 patients admitted to the ward from 01.02.2022 to 30.04.2022. Data were analysed and shared with the rest of the team to identify gaps in provision of information.

Results. Half of patients reported not receiving an introduction to the ward on admission and being unaware of the roles of different staff members. 70% of the patients and relatives were aware of the facilities of the ward and how to use them. There was a mixed