pack. By increasing this knowledge, we aimed to improve RFC satisfaction surrounding the admission process. Previously published evidence has shown that increasing the perception of involvement of RFCs in a patient's admission promotes greater satisfaction within this group. Adequate information provision is regarded as an important part of promoting perceived involvement; conversely, a lack of information provision and communication has been associated with dissatisfaction with hospital admissions among RFCs.
Methods. Using a survey directed towards members (n=9) of the ward MDT, we identified several topics relating to hospital admission that were regarded as high priority for inclusion in an information pack. MDT members were also asked about their perception of RFC satisfaction in the admission process. RFCs (n=8) were asked how well-informed they felt about these topics with a separate survey, and their level of satisfaction with the admission process. An information pack was created based on the results of these surveys and distributed to RFCs. The RFC survey was then repeated to assess improvements in RFC knowledge and satisfaction.
Results. Perceived RFC satisfaction among staff members prior to the publication of the information pack was lower than actual RFC satisfaction. RFC satisfaction with and knowledge about the admission process increased following the distribution of the care pack.
Conclusion. Admission information packs can be used on inpatient old age wards to improve patient family, friend and carer knowledge and satisfaction.

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Lifestyle Factors and the Physical Health of Patients on Depot Antipsychotics in the Haywards Heath Catchment Area, Linwood ATS (Phase1, 2022)

Dr Mihaela Bucur*, Dr Naoko McCabe, Dr Emily Ross-Skinner and Dr Hannah Kazmierow

Sussex Partnership NHS Foundation Trust, Haywards Heath, United Kingdom
*Corresponding author.

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Aims/Context. Patients with severe mental illness have reduced life expectancy, representing one of the most significant health disparities. Although the cause is multifactorial, cardiovascular disease & other comorbid chronic conditions play an essential role. Individuals with mental illness often face considerable barriers to accomplishing their health and well-being goals. As a result, there is a growing interest nationally and internationally and research evidence for the role of lifestyle interventions in managing mental health conditions. NICE guidelines now reflect this, recognizing the impact of physical health comorbidity and recommending monitoring of metabolic status and cardiovascular risk (using the Q-RISK3 tool) in the management of schizophrenia & bipolar. *AIMS:* -Phase 1: to identify & analyse lifestyle parameters contributing to patient'' health & leading to excessive disease burden and the QRISK3 calculations for patients in the Haywards Health catchment area on depot antipsychotics. -Phase 2: make recommendations focused on lifestyle factors interventions in addition to standard care-Phase 3: to re-assess following the recommendations from phase 2.
Methods. *Phase 1 Steps*:

- Identifying all patients on depot antipsychotics living in the defined catchment area.
- Data Collection from the electronic clinical record: diagnoses, gender, physical activity, alcohol intake, smoking, lipids, employment, BMI, blood pressure, QRISK3.
- Analyse results.
- Make Phase 1 Recommendations

Phase 2: Implement phase 1 recommendations
Phase 3: Use the electronic records to conduct a second analysis assessing the offer of intervention to patients, reassessing the lifestyle parameters and QRISK3 calculation
Results. *Phase 1* Results: All patients identified (6) had a detailed overview of the lifestyle parameters assessed. None of the patients had the QRISK®3 calculation in phase 1.
Conclusion. A series of recommendations were made at the end of *Phase 1* in view of initial results.

- Disseminate results locally, including in primary care
- Ascertain up-to-date information regarding physical health and lifestyle parameters in the OPC reviews; include in the letters to GP updates on the category of lifestyle parameters included in this project.
- Discussion with patients on the impact of lifestyle factors in the OPC reviews
- Signpost patients to resources they can use to support implementing positive lifestyle choices
- QRISK®3 measurement
- 1:1 psychoeducational session focusing on improving lifestyle choices.
- Engage patients to engage in co-producing psychoeducational sessions aimed at improving lifestyle choices.

Phase 2: implement phase 1 recommendations (October 2022-September 2023)
Phase 3: re-assess in October 2023

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Unspoken: Verbal Sexual Harassment by Patients in Psychiatry

Dr Jo Butler-Laurence* and Dr Xiaofei Fiona Huang

South London and the Maudsley NHS Foundation Trust, London, United Kingdom
*Corresponding author.

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Aims. Patient-initiated verbal sexual harassment (PIVSH) is common in the healthcare workplace, however institutes often neglect to address it. Objectives: (1) Define extent of PIVSH among staff at South London and the Maudsley Trust (sLaM), (2) Characterise the impact of PIVSH on staff, (3) Understand barriers to reporting PIVSH, (4) Inform policy and training to support staff.
Methods. A questionnaire from Scruggs et al. (2020) was adapted with types of PIVSH on a standardised scale of severity from 'most' to 'least' harassing. The anonymous, retrospective, online survey was disseminated to sLaM staff via Trust-wide communications, staff networks and Whatsapp groups. Descriptive statistics were used to analyse quantitative data (PIVSH frequency, confidence to respond to PIVSH, reporting practices). Respondents used free text to describe the impact of PIVSH,

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