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Aims. People with severe mental health illnesses experience multiple adverse physical health outcomes, in part caused by difficulties accessing, engaging with health promoting behaviour, treatment and recovery strategies. As oral health is a major contributor to physical and mental wellbeing, obstacles to care, prevention, and therapy play an important role in the oral health of individuals with mental illnesses. Psychiatric medications are known to predispose to oral health pathologies, including sialorrhea and dental caries, electroconvulsive therapy (ECT) may rarely result in dental fractures, and substance misuse may contribute to poor dental health. Unsurprisingly, COVID-19 has been more acutely noticed by those already at risk of worse oral health outcomes, including people with mental health conditions.
Methods. We address the interplay between mental health and dental care, outline evidence behind the vital importance of collaborative working, and advocate for a joint approach between mental health and dental teams utilising harm reviews adapted to assessing the impact of delay dental care upon patients and families' quality of life. As COVID-19 persists and winter pressures are experienced every year, these raise the question of what needs to be done to demonstrate the effects of poor oral health on patients with learning difficulties and mental illness.
Results. With annual winter pressures in healthcare, many elective operations are postponed to allow capacity for increased demand. Dental general anaesthetics are amongst the first lists to be suspended, particularly since the arrival of COVID-19. During the first peak of the pandemic, limited access to personal protective equipment and concerns over viral transmission risked by aerosol generating procedures restricted the provision of community dental care to urgent cases, and dental general anaesthetics to life-threatening infections alone.These impacts were particularly acute for those with learning difficulties and mental illness, further exacerbated by social, geographical and financial inequalities. Waiting for patients to deteriorate to access dental care treatment seems in direct opposition to the mental health movement towards community and early management of mental illnesses.
Conclusion. Adapted harm reviews are a powerful tool for mental health and dental teams to demonstrate to hospital managers the multidimensional impact that poor oral health has and causing physical, behavioural and emotional deterioration on patients, families and supporting staff. Wider understanding of the dental needs of those with mental health conditions may foster research on the interplay between oral and psychological health, and remains vital to multidisciplinary, compassionate and holistic care.

Evaluating the Dissemination of Mental Health Resources and Service Information in Primary Care: A Quality Improvement Project

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Aims. *Background:* Demand for mental health support in primary care has increased during the COVID-19 pandemic. Furthermore, in an era of social distancing, the use of digital technology for communication has never been more important. It is therefore vital for mental health services to be easily accessible online, especially because 90% of people with mental health problems are cared for entirely within primary care, despite using <10% of mental health expenditure. *Aims:* 1. To evaluate the dissemination of resources and services to patients during initial mental health consultations. 2. To develop an easy to access and cost-effective resource containing details of both adult and child mental health services.
Methods. An anonymised survey was used to explore the dissemination of mental health resources at the Cotswold Medical Practice. The baseline data collection revealed a lack of easily accessible and shareable information, furthermore, a review of existing literature found that no resource existed containing details of both local and national services. Consequently, two virtual documents were created for adult and child mental health resources. These were added to an accuRx template to allow clinicians to easily send the resources to patients via text message. The resources were then re-evaluated 1–week and 5–weeks post–intervention.
Results. Pre–intervention the average GP provided patients with 2.4 mental health resources and there was no standardisation of the information given. Post-intervention, over 25 resources were provided as both 6–page virtual documents contain a range of resources including: NHS services, local and national charity services, private services, self-help books and mobile apps.
Conclusion. The novel virtual resource produced is a cost-effective resource that helps improve the quality and quantity of information provided to patients about mental health services. The resource produced is compatible with virtual consultations and is sustainable for long term use.

Journey to Perinatal Mental Health Services in Northern Ireland

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Aims. The case for perinatal psychiatry as a subspecialty is strong. In the context of perinatal mental illness consideration has to be given to; differences in presentation, the need to account for mother and baby and the risks associated with inadequate treatment. Specialist services improve outcomes, reduce risks and save money. Despite the government's agenda of preventative healthcare, service provision has been inequitable across the UK. Here we detail the journey towards the development of new Community Perinatal Mental Health Services in Northern Ireland (NI).
Methods. In NI the first embers of a perinatal service were ignited by Dr Janine Lynch approximately 15 years ago when she established a small community perinatal team in Belfast Health and Social Care Trust (BHSCT). Her commitment and foresight regarding training inspired others, resulting in high levels of interest among trainees. From this grew a dedicated group of consultants committed to supporting service development across NI.

A multidisciplinary regional perinatal mental health forum was formed leading the development of a Northern Ireland Care Pathway in 2012. In partnership with women with lived experience, this forum led the bid for perinatal service development across the province.

Results. Following years of campaigning the need for services was recognised in both the Bamford Review (2012) and RQIA Perinatal Review (2017). A commitment for funding for specialist teams, across all five health and social care trusts, was outlined in the Mental Health Action Plan in May 2020. Funding was finally approved in January 2021.

Significant work has gone into training to ensure there is a workforce ready to deliver services with focus on upskilling all professionals who deliver care to mums during the perinatal period. A competency framework has been developed to compliment this.

It is important to recognise the support and commitment of many members of the college Perinatal Faculty throughout this journey.

Conclusion. Community perinatal mental health services are at an exciting juncture in NI. Each of the trusts have made a commitment to the development of services under the co-ordination of the Public Health Agency. Several have progressed to recruitment of key staff with the aspiration for services to go live before the end of the year. There will be an overarching, integrated approach, co-ordinated by the new Regional Perinatal Network.

As newly recruited consultants we look forward to working in partnership to address this long-standing health inequality and improve the outcome for women and their babies in NI.

Establishing a Diagnostic Autism Assessment Clinic in a Primary Healthcare Setting to Reduce Waiting Times, Increase Efficiencies and to Improve the Patient Journey and Clinical Outcomes

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Aims. To establish a multidisciplinary diagnostic autism assessment clinic in primary healthcare so as to reduce lengthening waiting lists for specialist hospital based services, to increase efficiencies and improve the patient journey and clinical outcome. Timely diagnosis and early access to community based early intervention services optimizes outcomes.

Methods. Waiting time for specialist hospital based services were increasing in number. Analysis of the data revealed that 42.9% of all referrals were autism related and 75.5% of these referrals were for autism assessments in under six-year-olds. Bottlenecks were found in the current system. In collaboration with primary healthcare colleagues, a new pathway was developed with paediatricians, social workers and primary healthcare physicians completing a comprehensive initial assessment including conducting a Childhood Autism Rating Scale (CARS). Each of the three hospital based child psychiatrists then ran a diagnostic autism clinic in the primary healthcare setting once a month (so three clinics in total) to review the initial assessment, meet the child and family/carers and then to confirm the diagnosis and write a medical report for community based services as appropriate. Follow-up care remained in primary healthcare unless there was diagnostic uncertainty, significant behavioural difficulties or comorbidities requiring medication. The project timeline started with one and gradually increased to four diagnostic assessments in each clinic, that is, twelve per month.

Results. 57 diagnostic assessments were completed in first eight month period. Waiting times for diagnostic assessments in under six-year-olds were reduced from two to four months to only one to two weeks. Medical reports were issued within five working days. Under six-year-olds and their parents no longer had to attend busy, less child friendly hospital settings but rather were able to attend a purpose build early intervention centre within the primary healthcare setting.

Conclusion. In conclusion, this is an example of a successful quality improvement project embracing the efficiencies of integrated models of care between primary, secondary and tertiary services. Critical success factors included strong leadership support, compelling rationale and purpose, clear clinical pathways and clear roles and responsibilities. It was presented as part of the hospital wide quality meetings in November 2021.

Implementing a Physical Health Clinic on an Acute Adult Inpatient Psychiatric Ward

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Aims. Acute Inpatient Psychiatric Wards present the challenge of a high turnover of patients who have multiple physical health comorbidities that both contribute to patients' overall morbidity and may exacerbate any mental illness. Furthermore, there are a number of physical health parameters which must be checked and monitored in the initiation of psychiatric treatments. It is therefore important that patients receive physical examination, blood tests and Electrocardiograms (ECGs). The busy environment of inpatient units and the acute presentation of patients, who often decline interventions, lack capacity or cannot communicate their physical health problems, mean these assessments are often missed when offered in an ad hoc fashion. This Quality Improvement Project looked at implementing a Physical Health Clinic to look at whether this structured environment would provide better coverage of these physical health assessments.

Methods. The number of physical examinations, blood tests and ECGs both offered but declined and successfully obtained was measured on an Inpatient Ward with 20 patients and 2 junior doctors over 2 weeks with assessments being offered in an ad hoc fashion. Following this, a structured clinic run by a doctor and nurse with three 20 minute appointments three times a week was implemented and the same data collected over 2 weeks. A paired T-test was used to evaluate the results.

Results. There was a statistically significant increase in the number of successfully obtained physical examinations, bloods tests and ECGs when the Physical Health Clinic was implemented (Mean difference = 7.33, Two tailed P value = 0.0480,95% confidence interval 0.16–14.50, t = 4.4, df = 2, standard error of difference = 1.667). However, there was no difference between the number of bloods, examinations and ECGs offered but declined (Mean difference = 4.83, Two tailed P value = 0.2495, 95% confidence interval −3.92–8.58, t = 1.6059, df = 2, standard error of difference = 1.453).

Conclusion. The clinic led to a statistically significant increase in the number of examinations, blood tests and ECGs successfully obtained. The reasons for this are hypothesized that having a structured clinic prepares the patient to have a physical assessment and ensures their availability, provides motivation for staff and increases the efficiency of assessments with appropriate teamwork between doctors and nurses. Issues with the Clinic are limited availability of junior doctor and nursing staff and emergencies disrupting the functioning of the clinic.