

We hypothesised that there would be a lack of confidence and staff knowledge around SSGI issues in PWID. We suggested that challenges exist because discussing sex in PWID still feels taboo.

PWID have the same sexual needs as those without any disability. Historically, this population have been discouraged from expressing their sexuality due to certain attitudes, fears, and prejudices. Stigmatising views have included PWID being viewed as asexual or conversely posing a risk of sexual violence, despite evidence showing that they are more vulnerable to sexual abuse. Important issues around capacity and understanding consent highlight the importance of psychosexual education for patients and carers.

Carers and health care professionals are key in educating and supporting PWID, however, our disinclination towards discussing SSGI openly can have unintended negative effects on the well-being of our patients. These issues are therefore paramount to understand and address.

**Methods.** Patient-facing staff in a London CLDT were surveyed, and staff focus groups held, to understand attitudes towards SSGI in PWID. Staff knowledge of local services was also explored. Using thematic analysis, we identified both staff and service development needs and devised a set of interventions to address these.

Four educational interventions for staff were developed and evaluated using QI methodology. Interventions included bitesize teaching, externally commissioned training, and resource packs.

**Results.** Thematic analysis identified a number of barriers to delivering SSGI care, particularly staff's low confidence and a lack of training. Following the four educational interventions, average staff confidence to discuss SSGI increased from 55% to 77%.

Staff responses indicated a lack of SSGI services for PWID locally. In response to this, the QI team, service leads and management agreed upon various service development ideas. These include upskilling specific staff to become SSGI leads; auditing the CLDT caseload to understand the SSGI issues in our population; and trialling a clinical sexology service for a small subset of patients.

**Conclusion.** A QI approach to staff education demonstrated clear benefit, with staff more confident to address the SSGI needs of PWID. Combined with sustainable service improvement ideas, this can improve patient care.

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.

## Genetic Screening of Inpatients With Intellectual Disabilities: A Service Development Project to Widen Access to Up-to-Date Genetic Screening in Adults With an Intellectual Disability

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### Aims.

#### Problem:

Around 10% of patients with an intellectual disability have a clinically relevant copy number variant in their DNA detected using microarray analysis. Adults with an intellectual disability may not have had access to genetic screening during their patient journey, or they may have had previous screening with now outdated technology.

**Aim:** to offer up-to-date genetic screening to adults with intellectual disability in an inpatient setting.

### Methods.

#### Strategy for change:

In collaboration with the clinical genetics department, confirm local capacity for genetic screening by microarray testing, and create a pathway for referral with a screening tool for detection of "high risk" patients. Develop processes and resources for consenting patients with capacity, and for acting in best interests with family agreement for those without.

#### Measurement of Improvement:

Increase in the number of patients with up-to-date genetic screening.

### Results.

#### Effects of change:

This project has detected previously unknown genetic abnormalities in current inpatients, two of which were felt to be clinically significant. Further testing is underway and clinical discussions are ongoing regarding the implication of these findings for current patient care and management.

### Conclusion.

#### Discussion:

Patients with capacity, families and multidisciplinary healthcare professionals were overwhelmingly supportive of this project with the aim of improving understanding and ultimately the care of each individual. With further discussion and assistance, this project could be widened to the community setting to benefit a greater number of patients and their families.

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## Evaluating a Process for Offering Psychiatry Inpatients a Novel Onsite Sexual and Reproductive Health Clinic

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### Aims.

1. For all eligible general adult psychiatry and substance misuse inpatients at the Royal Edinburgh Hospital (REH) to be offered appointments at a pilot onsite sexual and reproductive health (SRH) clinic.
2. To evaluate the need for this novel service using eligibility rates and attendance levels.

**Methods.** Eligibility of all inpatients on a substance misuse ward considered at admission, and a space in the clinic offered if appropriate. Reminder added to the clerking proforma.

Eligibility of general adult psychiatry (GAP) inpatients considered by their multidisciplinary team (MDT) weekly. Team 1 to trial this at ward round, and team 2 to trial it at rapid rundown.

A patient leaflet was created to explain the clinic.

### Results.

**General adult psychiatry:** In team 1, 82% (120/147) of patients were considered by the MDT over 20 weeks, and in team 2, 65% (53/82) over 10 weeks. Of all GAP patients considered, 48% (83/173) were deemed eligible. Of those, 70% (61/83) were asked if they wished to attend, usually by the junior doctor

leading the QI project. Thirty-six percent (22/61) of those booked into the clinic, of which 82% attended.

**Substance misuse ward:** Over 15 weeks, 85% (82/97) of patients admitted to the substance misuse ward were considered, deemed eligible and offered a space in the clinic at admission, of whom 15 accepted and 4 attended.

**Conclusion.** Nearly half of GAP inpatients were eligible to attend, with the total likely to be higher over time, as mental state improved. A high level of demand was demonstrated for SRH services in this population, where research also suggests a higher level of need and lower levels of access.

During weeks when the QI leads were absent, it was not recorded that any patients were considered at ward rounds or rapid rundowns. It was difficult to implement a process for this whilst the clinic was still at the pilot stage. The incorporation of a reminder into the ward round template would ensure that this is always considered.

A very high proportion of substance misuse patients were eligible for this clinic, highlighting higher levels of capacity. The main challenges for attendance were a high discharge rate, presence of withdrawal symptoms, and extensive passes off the ward.

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## Standards of In-Patient Medical Seclusion Reviews

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**Aims.** Seclusion is a method used by mental health teams around the world to manage aggressive and disturbed behaviour in psychiatric patients in situations where there is immediate risk of harms to others.

A quality improvement project was carried out over two hospital in-patient sites containing 6 wards to see if seclusion reviews were completed safely and documented appropriately according to the guidelines set out by South West Yorkshire Mental Health Trust and the Royal College of Psychiatrists.

**Methods.** The quality improvement project was carried out to first audit data to see if seclusion reviews were being done to the local guidelines and standards set by the Mental Health Legislation and Royal College of Psychiatrists. This was followed by training junior doctors and reauditing date to see if any improvements were observed.

A retrospective quality improvement project was conducted assessing medical seclusion reviews carried out by on-call junior doctors between November 2022 and January 2023. Data was initially collected retrospectively spanning over a period of 4 weeks over the month of November 2023 including the analysis of 30 seclusion reviews. These results were presented as an audit to doctors and managerial staff at the end of November. Post training seclusion review data was collected over a period of 4 weeks over January 2023.

**Results.** An overall improvement in 7/9 domains. The biggest improvement (54% rise) was checking for side effects and EPSEs which was only documented 4/23 times in the first pre-training run. 18% improvements were also noted for assessing and documenting if the patient had any distress or pain, clinical appearance in terms of the cardiac domains such as perfusion and colour of the skin and also their level of orientation in place person and Glasgow Coma Score.

The only two domains in which an increase was not observed was to document if seclusion should continue and justification for why this is the case. These two domains were already at 100% and

the System 1 seclusion review template prompts doctors to do this at the end of the review which is possibly one of the reasons it was done well both before and after the training.

**Conclusion.** A great deal of interest and feedback was garnered and the idea was agreed that a further audit could be carried out after providing training for the current doctors and to gather post-training medical seclusion review data for comparison.

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## Improving Equity of Access for Women Admitted to a Psychiatric Mother & Baby Unit in Kent

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**Aims.** Rosewood Mother and Baby Unit (MBU) aims to provide inpatient psychiatric care to women with severe mental illness in Kent, Surrey & Sussex (KSS) in UK. Data from admissions during 2022 demonstrated discernible inequalities in admissions. A quality improvement project was undertaken to improve equity of access for admission of women with severe mental illness to Rosewood MBU, specifically, those under 18 years old, black and minority ethnicities, and across counties in KSS. The aim was to improve quality of care and patient experience for vulnerable groups across all ethnicities, not limited to their location or age.

**Methods.** Baseline data of MBU admissions in 2022 was collated, including demographics, age, origin of referrals, diagnosis, ethnicity, length of stay, parity, previous MBU admissions, safeguarding concerns.

The project group, inclusive of an expert by lived experience, presented the data at various network meetings and stakeholder events that helped to share information and gather experiences on barriers to referrals to Rosewood MBU, barriers for women of black and ethnic minority background accessing MBU, differences in service provisions for under-18-year-old women with perinatal mental illness in various counties.

Data for women discharged from Rosewood MBU in 2023 was collated and compared against the findings from the previous year.

**Results.** In the first half of 2022, there were 20% more women admitted from Kent than Surrey and Sussex combined. This improved following interventions with a better spread of patients across counties in July–December 2023 and a 11% rise in admissions of women from Surrey and Sussex compared with Kent.

There was a greater number of ethnicities and a greater number of women from different ethnicities admitted to Rosewood MBU when comparing 2022 with 2023, and specifically across each of the 6-monthly periods. In January–June 2022, 3 women of non-White British ethnicity were admitted, compared with a 400% increase in July–December 2023 with 12 women. Overall there was 260% increase in admissions of women of Black, Asian, Mixed, White-Other ethnicity in 2023 compared with 2022. Also, in 2023, there were 2 referrals and 1 admission of a woman under the age of 18, compared with no referrals in 2022.

**Conclusion.** Overall, the project demonstrates the positive impact of streamlining referral pathway, fostering collaborative working