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

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doi: 10.1192/bjo.2023.305

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)

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doi: 10.1192/bjo.2023.306

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

response about satisfaction with running of Multidisciplinary Team Meetings(MDTs), availability of name nurse and medical team and information provision around MDTs, leave arrangement, discharge planning and follow up.

Conclusion. This quality improvement project has highlighted inconsistencies in the quality of and satisfaction with information provision during admission and has helped to recognised areas that needed to be improved. Several steps have been taken to improve quality of care such as copies of care plan and "Welcome to Tissington" booklet have provided. Discharge pathways and name board displayed in reception. Ward round appointments given to patients in advance and named nurse to support patients in writing MDT meeting plan. Invite families to attend care plan reviews, ward rounds and discharge meeting in person/via online. Additional craft items made available for activity, and exercise and walking groups have been introduced. Additional time made available for carers to speak with ward staff. Recruitment of Psychologist and occupational therapists now in post and Carers meeting to commence.

It is important to repeat this quality improvement project regularly to monitor the progress and get more information from families and patients to improve the quality of care given by the ward.

Increasing the Interval Between Anti-Psychotic Depot Injections for Service Users on 3-Weekly Injections: A Quality Improvement Project

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doi: 10.1192/bjo.2023.307

Aims. Our aim was to improve service user satisfaction by increasing the interval between their depot injections where clinically feasible. By doing this, we aimed to reduce attendance at the South Kensington and Chelsea Community Mental Health Team (SK&C CMHT) depot clinic by 25% over a period of 3 months, improving the workload for nurses running the clinic.

Methods. Our first baseline measure was data gathered about service user satisfaction with their depot. Our second baseline measure was the average number of service users attending the depot clinic per week between May and November 2022. The balance measure was a medical review 3 months post-interval change to ensure there were no negative impacts from this change.

10 service users on 3-weekly anti-psychotic depots were identified. Our team devised criteria to select service users who were appropriate for our project. This included: a stable mental state, minimal side effects on the current dose, no breakthrough symptoms, good engagement with the depot clinic, and scope to increase the current dose. These service users were discussed with their care coordinator, consultant and depot clinic nurse. If the criteria were met, the dose and interval change was discussed with our pharmacist. Finally, service users were consented and their depot charts were amended.

Results. The interval between depot injections for 2 service users was increased from 3 to 4 weeks on December 5th, 2022. The other 8 service users failed to meet the criteria set out in our methodology.

These 2 service users were asked to fill in a questionnaire on January 23rd, 2023. They reported that "it was not comfortable having an injection" and that "having it every 4 weeks was better" and "less hassle". Their first medical review did not raise any safety concerns.

On average, 20 service users attend the SK&C CMHT depot clinic every week. There was no change in the average number of patients attending the depot clinic in the last two months as only 2 service users had their depot interval successfully altered.

Conclusion. Service users on depot injections can benefit from increasing the interval between their injections where clinically feasible. We would like to repeat this project for service users on 2-weekly depots and reassess if that makes an impact on satisfaction levels and attendance numbers at our depot clinic.

Community Mental Health Team (CMHT) Book Club: A Staff Well-being Improvement Project

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doi: 10.1192/bjo.2023.308

Aims. COVID-19 lockdown had reduced face-to-face interaction amongst staff with work-from-home and hybrid models adapted by most NHS organisations which had impacted team morale and reduced learning opportunities within the team. Book clubs are an effective way to enhance social process of learning especially in mental health. Our aims were to improve face-to-face interaction to boost morale within the Community Mental Health Team (CMHT) and increase the reading habit within the team around mental health fiction.

Methods. A questionnaire was sent initially to gauge interest on the idea of a book club and how it should be conducted. Next, we digitalised the book club with a WhatsApp group to facilitate discussion on selection of books and the first book was selected via polling (*The Fat Lady Sings* by Jacqueline Roy). After 4 weeks reading time, we gathered on a selected day (30th September 2022) for moderated discussions with potluck-style lunch. Anonymous feedback was collected via surveys. The cycle was repeated on 28th October 2022 (second book was *Inheritance of Loss* by Kiran Desai).

Results. Questionnaire to gauge interest and how the book club should be conducted revealed that the majority preferred a once-a-month discussion during working hours on a mental health and/or social care-related fiction of about 200-300 pages in length. The 8 respondents were made up of 6 doctors, 1 nurse and 1 social worker.

Feedback surveys on the impact of the book club on interaction with colleagues showed 30% improvement after the first book club (50% to 80%) and was 100% after the second cycle. Respondents also noted 60% improvement in interest in mental health-related fiction and 60% felt that the book club and