

**Results.** Through post-course feedback, patients agreed sessions provided better understanding of their diagnosis and difficulties, and felt more empowered in managing their recovery. They reported highly enjoying the group and actively looking forward to sessions. Patients were able to recall key points and take home messages several weeks after content delivery, suggesting effective learning had taken place.

Doctors involved in creation and delivery of the course experienced greater rapport and empathy with patients, greater understanding of psychosis as a condition and its wider impact on the individual and their family. Deeper understanding of relapse prevention interventions allowed juniors doctors to take a more active role in discharge planning, with greater appreciation for patients' biopsychosocial needs.

**Conclusion.** Psychoeducation sessions were highly impactful for patients and doctors involved, and are anticipated to have a positive effect on prognosis, likely reduced relapse rate and increased engagement with community care. The earlier deficit in care was successfully filled through this doctor-led psychoeducation course.

Next steps involve standardising content and training colleagues to deliver a more extensive course to larger numbers of inpatients. The project has been heavily patient-centred with involvement of young people throughout, and aims to consult more closely with patients during further development.

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## A Digital Solution to Improve Safety of Valproate Prescribing in Mental Health

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**Aims.** Valproate is a licensed medicine prescribed within mental health settings for bipolar disorder. It is a known teratogen, affecting approximately 20,000 people and costing the NHS £181 billion. This was a multidisciplinary project involving Surrey Heartlands Medicines Safety Team and Surrey and Borders Partnership NHS Foundation Trust, who developed a solution to reduce human suffering and cost by adhering to the Medicines and Healthcare Products Regulatory Agency (MHRA) valproate regulations through a clinical and digital redesign. The aim was to identify females in primary and secondary care across Surrey who take valproate for mental illness and to implement a pregnancy prevention programme for them by July 2022, using a digital clinical pathway supporting clinicians in the implementation process.

**Methods.** The method used was a combination of the Model for Improvement, the sequence for improvement from East London NHS Foundation Trust, UX design, and Agile project management. A valproate working group was formed with professionals from multiple disciplines to identify, understand and solve the problem. The solution was designed through co-production and project management methods that ensured a patient-centric solution.

**Results.** A digital registry of all females of childbearing potential who are prescribed valproate was created. A bespoke electronic GP referral form for valproate reviews was implemented. A one-stop valproate dashboard was developed to support documentation. A live digital visualisation feature was added within the secondary care electronic patient record to ensure compliance with MHRA guidelines. Easy-to-read materials for females with learning disabilities and sensitively worded appointment letters that inform patients of the risks and importance of attending annual reviews were created. In addition, collaboration with the National Valproate Patient Safety Officer allowed the implementation of Systematized Nomenclature of Medicine Clinical Terms (SNOMED) codes to simplify the exchange of clinical information between systems.

**Conclusion.** The project has the potential to reduce harm and improve the patient experience, serving as a template for other medications with strong regulatory controls. Collaboration between primary and secondary care, clinicians, pharmacists and digital colleagues, and co-design with people prescribed valproate were essential to the success of the project. Ongoing work is required to ensure valproate-related materials are available in an accessible format for every person prescribed valproate. Valproate has also been implicated in paternal adverse effects, and this project solution is future-proofed to identify men on valproate. Through this work, people will only be treated with valproate in a way that safeguards the health of unborn children.

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## RANZCP Commitment to People With Intellectual and Developmental Disability

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**Aims.** To provide an overview of the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) work to improve support for those with an intellectual or developmental disability.

**Methods.** People with intellectual disability experience significantly higher rates of physical and mental health conditions in comparison to the general population. However, there can be multiple barriers to effective health care including, but not limited to, stigma and discrimination, the training of health professionals and a failure to consider the specific needs of people with intellectual disability in health and disability policy leading to deficits in funding to support generic services or develop specialist service models.

In Australia, a Disability Royal Commission was established in 2019 in response to community concern about reports of violence against, and the neglect, abuse and exploitation of, people with disability. The RANZCP has provided information to the Royal Commission and appeared at a public hearing focused on the education and training of health professionals in relation to people with cognitive disability. In 2022, the RANZCP published new position statements on autism and intellectual disability to address the unmet needs faced by people with autism and intellectual disability and provide a foundation for future College advocacy for improving resourcing and mental health support for these groups.

**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.

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

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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.

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

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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