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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.