For each prescription I gathered

- The name of the medication
- The Indication
- Child or young person's comorbidities

I then compared this with the licenced use on the Summary Product Characteristics (SPC), as well as the guidance available from (National Institute for Health and Care Excellence (NICE), British Association of Psychopharmacology (BAP) and British National Formulary for Children (BNFc)).

Results. In total there were 177 prescriptions for a variety of medication including antidepressants, antipsychotics, sedatives, and medication to treat ADHD.

It was found that 25% of all prescriptions were prescribed according to the medication's licensed use, with 42%, 62% and 67% compatible with NICE guidelines, BAP guidelines and BNFc respectively. However, 12% deviated entirely from these guidelines, including prescriptions for mirtazapine (1), melatonin (9), quetiapine (6), risperidone (1) and olanzapine (4). These prescriptions were also associated with increased comorbidity with each child having at least one comorbid mental health problem.

There was an 81% agreement between NICE and BAP guidelines, a 75% agreement between NICE and BNFc and 66% agreement between BAP guidelines and BNFc.

Conclusion. This audit demonstrated that only a quarter of prescriptions were prescribed according to a licenced use, with the vast majority falling outside the product licence. This is important because the Joint Standing Committee on Medicines preference "an appropriate licenced preparation" over unlicenced prescribing.

Furthermore, the defensibility of unlicenced prescriptions is increased when they are supported by published clinical guidelines which was the case in 88% of prescriptions that were reviewed. This leaves 12% of prescriptions that were not supported by either licencing or BAP, NICE or BNFc guidelines. There may be multiple causes for this, but it is likely that the high number is aggravated by the lack of NICE guidelines for common conditions such as anxiety as well as high levels of comorbidity in this population group which is not always reflected in clinical trials and guidelines.

An Audit on Venous Thromboembolism Risk Assessment in Older Persons Mental Health Inpatient Unit in North Wales With the Aim of a Quality Improvement Project

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Aims. The aim is to undertake a baseline audit of VTE risk assessment in older persons mental health unit in all 3 sites in North Wales. Following the implementation of recommendations, we aim to repeat the audit with an aim to complete a Quality improvement project.

Methods. A retrospective audit was conducted in older persons mental health unit in all 3 sites of North Wales in Betsi Cadwaladr University Health Board.

A prospective opportunistic sample of all the inpatients in the old age psychiatric unit was audited. Standards were based on the NICE and Department of Health guidelines.

We collected the data by reviewing the patients notes. The data collection happened in December 2022 to January 2023. We made a simple protocol to collect the data from all 3 sites.

The target was for 100 % compliance in all standards.

Results. From the audit data collection, the results are as follows:

Overall, we gathered details of 29 patients in East, 21 patients in Central and 11 patients in the West (A total of 61 patients)

In the East, out of 29 patients, there was a form for VTE risk assessment in clerking proforma. However only 6/9 forms were filled by the junior doctors. In Central, out of 21 patients, only 2 patients had a form in their file but they were not filled. In Bryn Hesketh unit, there were no VTE risk assessment forms at all. In West, out of 11 patients, 3 of them had a VTE risk assessment form that were filled. Overall, we noticed that in some of the patient's medication chart, there was a mention about they receive prophylaxis for VTE or not. However, that was not consistent.

There is no standard proforma noted in any of the wards in Central and West. In East, there is a clerking proforma noted and in some patients hence as part of the proforma as the VTE risk assessment is already included the junior doctors do fill the VTE risk assessment form.

Conclusion. I hope this audit will help in improving the patient care by identifying the risks factors of VTE earlier and preventing it. This would be in accordance with the guidelines.

It was evident that VTE risk assessment and prophylaxis was not something that was being considered for patients admitted to the old age psychiatric inpatient unit. However due to the risk factors this group of patients possess it is something vitally important. As a consequence of presenting the audit across the trust, a service change was recommended with a VTE risk assessment proforma planned to be introduced across the trust will be adapted to support use in psychiatric inpatients which can be used by mental health trusts.

Improving a Psychiatry Teaching Programme for Junior Doctors on Placement in a Mental Health Trust

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Aims. Foundation Programme and GP trainees on psychiatry placement within Kent and Medway attend a teaching programme on core topics. The GP training and new Foundation Programme curricula require key mental health content to be covered. This quality improvement project (QIP) aimed to improve the delivery of mental health teaching to Foundation and GP trainees on psychiatry placement.

Methods. The existing teaching programme was fortnightly, full-day teaching, online via zoom. Drivers for change included:

reduction in duplication of teaching; new curricula; changes to training patterns, including GP trainees moving to Integrated Training Posts (ITP); and promoting sustainability.

The project team included Medical Education team members, trainee representative and clinical staff involved in education. In the first QIP cycle between March and August 2022, a Medical Education Working Group reviewed teaching content for congruence with GP and Foundation curricula and to reduce duplication with other training settings. Medical education teams from other local mental health trusts were contacted to gather examples of best practice, and teachers and trainee supervisors were consulted. Qualitative trainee feedback for teaching between December 2020 and April 2022 was evaluated. Teaching delivery was revised to half a day fortnightly, and session length standardised to 75 minutes. After the new programme commenced in August 2022, a second QIP cycle evaluated trainee qualitative feedback and there was further engagement with teachers.

Results. First cycle trainee feedback revealed several themes: teaching was too long; content was useful, especially focus on primary care; presenters were engaging. Suggestions for improvements included using interactive teaching tools such as online polls or quizzes, increasing case-based teaching, and small group breakout sessions. Shortening the teaching day preserved clinical exposure, especially for ITP trainees. Online format reduces travel time and expense, promotes sustainability, and reduces impact on clinical experience. Second cycle trainee feedback identified some sessions could be shortened. Consultation with education teams from neighbouring acute trusts identified schedule overlap with other mandatory training, so teaching was condensed to one 75-minute session weekly. Delivering teaching more efficiently releases time for direct patient care.

Conclusion. We used a quality improvement approach to improve a teaching programme offered to GP and foundation trainees in Kent and Medway. Our outcome delivers an efficient teaching strategy, responding to trainee feedback, which meets curriculum objectives more efficiently, preserving time for direct patient care and to implement learning. Additional learning is the importance of liaison with medical education teams in acute trusts to optimise teaching.

Poster Presentations

Arranged by the presentation category selected by the submitter and by order of presenting author surname.

Education and Training

Digital Psychoeducation for First Episode Psychosis

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Aims. Young people with their first episode of psychosis can feel lonely and isolated. Psychoeducation has been shown to increase patient insight, reduce the risk of relapse and forms part of the Quality Standards for Early Intervention in Psychosis Services. Our aim was to increase knowledge of psychosis in service users in an urban cohort by delivering psychoeducation in an interactive online format, due to the restrictions on socialising during the COVID-19 pandemic. We hoped this would serve to empower service users, allow them to connect with each other and offer hope through understanding.

Methods. Appropriate service users aged 18–35 years were recruited from the caseload with the support of care coordinators, with 28 participating overall over a period of ten months. One-hour Zoom sessions of 2–4 participants were facilitated by a junior doctor. Each session consisted of a mix of teaching about basic neuroscience, including brain structure and the dopamine hypothesis theory, interspersed with factual quiz questions and opportunities for free-form answers in 'thought clouds'. These explored feelings and experiences associated with psychosis. Data were also collected quantitatively in the form of anonymous self-rated pre- and post- session questionnaires on a 10-point Likert scale. These included self-reported questions about the understanding of the brain, psychosis, symptoms, medications and fear associated with the illness. Engagement was increased through the creation of flyers and reminder messages.

Results. Thought clouds constructed during the sessions described feelings such as 'panic', 'unease', 'dreamy' and 'broken reality'. On average over all sessions, there was an increase of 1.2 points in understanding of the brain, 2.6 points in understanding of 'psychosis', 2 points in understanding of how symptoms relate to the brain, 1.8 points in the belief that psychosis can be managed with therapy, 1.5 points in the belief that psychosis can be managed by medication, and unfortunately a 0.1 point increase in fear of the disease – perhaps associated with increased knowledge of the disease process. Encouragingly, 91% of final responses in the sessions were positive, demonstrating hopefulness.

Conclusion. We have demonstrated that innovative digital psychoeducation sessions provide a highly effective way to deliver information to young people with psychosis whilst also allowing connection with peers. This model represents a great learning opportunity for trainees, and could be easily replicated in other geographical locations, or mental health conditions. We have also invited and encouraged co-production with service users.

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.

Improving the Knowledge, Skills and Confidence of Clinicians Towards Mental Health: An Educational Intervention Based on Reflective Practice

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Aims. Mental illness-related stigma, including that which exists in the healthcare system creates serious barriers to access and quality care. People with lived experience of a mental illness commonly report feeling devalued, dismissed, and dehumanized by many of the health professionals with whom they come into contact. While working in the mental health liaison team in a local general hospital I have experienced first-hand these issues. We decided to organise regular reflective sessions for staff to reflect on what the barriers are to being able to manage patients with mental illness better on the wards, raise mental health awareness, improve staff communication skills, and offer teaching sessions to improve the staff knowledge of psychiatric pathology.