

Improving Access to Preconception Care for Women with Severe and Enduring Mental Illness, Through Creation of a Perinatal MDT Clinic in a Rehabilitation Psychiatry Setting

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Aims: Preconception planning is an essential component of improving maternal and child health, particularly for individuals with mental health conditions. Within this population those with severe and enduring mental illnesses face significant barriers to accessing preconception care and are at higher risk of unplanned pregnancy, leading to suboptimal outcomes for both mothers and babies. This poster outlines the establishment of a preconception planning clinic for individuals within a mental health rehabilitation setting, developed through a collaborative initiative between the Rehabilitation and Recovery Service, Perinatal Mental Health Service, All Wales Psychiatric Genomics Service and Sexual Health services.

The clinic aims to provide personalised, multidisciplinary support to women with severe and enduring mental health conditions who are of childbearing age, ensuring that their mental health, medical, and social needs are addressed in a holistic and coordinated manner. Key components include individualised care planning, medication review, counselling on genetic risk to the baby, and psychosocial support, as well as the provision of education on reproductive health, contraception, and healthy relationships. Risks and impact to both mother and baby will be central to all discussions.

Methods: Through close collaboration between the Rehabilitation and Recovery Service, Perinatal Mental Health Service, All Wales Psychiatric Genomics Service and Sexual Health services, the clinic will foster an integrated approach to care, promoting early intervention and prevention of adverse outcomes. This initiative also supports service users in navigating the complexities of mental health during pregnancy, enhancing their confidence in planning for a safe and supported conception.

Results: The hope is that this clinic will promote proactive discussion of reproduction and sexual health within a population that have historically been overlooked in this aspect and reduce associated stigma and inequity.

Conclusion: The poster will showcase the clinic's design, key challenges encountered, strategies for team integration, and initial outcomes from service users, with the aim of providing a model for other settings seeking to improve preconception care for individuals with severe and enduring mental illness.

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.

Dopamine Agonist Prescribing in a Gambling Disorder Patient Population: A Clinical Audit to Determine Prevalence in the NHS Northern Gambling Service

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Aims: Dopamine agonists are prescribed to treat several major physical and mental illnesses. Rotigotine, ropinerole, pramipexole (full agonists) are routinely used to treat symptoms of restless leg syndrome, whilst aripiprazole (partial agonist) is used as both an antipsychotic and mood stabiliser.

There is significant co-morbidity between gambling disorder and those psychiatric presentations resulting in the prescribing of aripiprazole. Full and partial dopamine agonists are known to increase the risk of de-novo gambling disorder, and exacerbation of existing gambling disorder. The aims of the audit were thus as follows:

To ensure that 100% of initial assessments include a full medication history, comprising current dopamine agonist (full or partial) prescribing history and indication for prescribing.

To ensure that 100% of patients identified at referral as prescribed dopamine agonists are screened by a psychiatrist within the service prior to allocation to the appropriate gambling disorder treatment pathway.

Methods: 402 initial assessments were carried out in the service in 2023. A random sample of 30 was selected using a random number generator and the initial assessments extracted from the Trust electronic record system (Care Director). Initial assessments were screened by a CT3 doctor to ascertain if a complete drug history was documented. The presence of dopamine agonist prescribing was noted including the drug name. Where dopamine agonists were prescribed, medical records were referenced to check if a screen was conducted by a psychiatrist.

Results: 53% (16/30) of the sample had a full drug history documented. 17% (5/30) of the sample were prescribed a dopamine agonist and in all cases, this was aripiprazole. Of the 5 patients in the sample prescribed aripiprazole, only 1 was documented as being referred for screening by a psychiatrist prior to commencement of psychological treatment for gambling disorder.

Conclusion: 53% of records sampled had a full drug history documented, suggesting that there are further patients who were prescribed dopamine agonists at the point of initial assessment that the service was unaware of. Of the 17% of the sample that were prescribed dopamine agonists, all cases were aripiprazole. This highlights the significant psychiatric co-morbidity and the importance of screening by a psychiatrist to exclude the dopamine agonist as a causative factor in the presentation.

Further staff training on the clinical importance of dopamine agonists in this context, ensuring 100% of initial assessments include a complete drug history, and discussion with a psychiatrist where appropriate are recommended to improve patient care within the service.

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Quality Improvement Project (QIP) on Improving Awareness of Family Planning Risks With Valproate in Male Patients

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Aims: A recent MHRA alert highlighted a possible association between valproate use by men around conception and an increased risk of neurodevelopmental disorders in their children.