

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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doi: [10.1192/bjo.2025.10337](https://doi.org/10.1192/bjo.2025.10337)

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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doi: [10.1192/bjo.2025.10338](https://doi.org/10.1192/bjo.2025.10338)

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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doi: [10.1192/bjo.2025.10339](https://doi.org/10.1192/bjo.2025.10339)

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.

To ensure that 100% of male patients on valproate in the practice are informed about family planning risks associated with valproate use and have documented advice recorded in patient electronic record system (EMIS) within 2 months.

Methods: The cohort consisted of 22 male patients on valproate, identified using the EMIS system. These patients were targeted for the intervention to ensure compliance with the MHRA guidance on family planning risks.

The first intervention involved sending an Accurx text message to all 22 patients, outlining the potential risks associated with valproate use around conception, need for effective contraception for both partners, and encouraged patients to contact the practice if they were planning to start a family.

After 1.5 months, a follow-up intervention was conducted. All 22 patients were contacted by phone to verify whether they had received the text, assess their awareness of the MHRA guidance, and provide family planning advice if they were previously unaware. Phone calls were made on two separate occasions, spaced two weeks apart, to maximise the likelihood of reaching patients.

Results: Of the 22 patients, 18 were successfully contacted. Amongst these, 8 confirmed receiving the original text message, while 10 didn't. During the phone calls, it was noted that 5 patients were already aware of the MHRA alert, 13 were unaware but were informed of the guidance during the call.

Patients were also given an opportunity to ask any further questions or express concerns. For those who required additional information, the option of a consultation with the practice pharmacist was offered. Despite repeated attempts, 4 patients could not be reached.

Conclusion: This QIP revealed significant gaps in patient awareness of valproate family planning risks and the challenges of engaging patients with automated messaging. Key reflections include: Challenges with Automated Texting; Improved Communication with Phone Calls; Limited Patient Engagement.

This QIP successfully raised awareness of an MHRA alert regarding valproate use among male patients in a GP practice. While the initial response to automated texts was poor, follow-up phone calls ensured that most patients were informed. The project underscored the importance of a multi-modal, sustained approach to patient education for sensitive topics like family planning.

Recommendations

Routine Medication Reviews.

Pharmacist-Led Discussions.

Enhanced Communication Strategies.

Practice-Wide Alerts.

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Improving Staff Knowledge and Confidence in Lithium Counselling to Enhance Patient Safety and Standardise Practice Across Community Mental Health Teams

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doi: [10.1192/bjo.2025.10340](https://doi.org/10.1192/bjo.2025.10340)

Aims: The 2019–20 Community Pharmacy Quality Scheme audit concluded 34% of audited patients were unfamiliar with lithium toxicity symptoms, where 29% were unaware of how to prevent it,

highlighting the gap in effective patient education. Our preliminary research revealed that 50% of medical professionals lacked confidence in providing lithium counselling with 41% being either unaware or unsure of how to counsel a patient if they had missed a dose. Therefore, we aim to tackle staff knowledge and improve abilities in lithium counselling to enhance patient safety and understanding, ultimately leading to fewer incidences of toxicity and harm.

Methods: An initial survey was conducted to assess healthcare professionals' confidence in lithium counselling prior to the teaching sessions, identifying specific gaps in knowledge among staff. The Quality Improvement Project was implemented through two Plan-Do-Study-Act (PDSA) cycles:

PDSA Cycle 1 (19 attendees): A lecture-based teaching session using an online presentation was delivered, covering key information regarding lithium counselling. An improvement in knowledge was assessed using pre- and post-session quizzes, created using the information in the "Lithium Policy KMPT Handbook".

PDSA Cycle 2 (6 attendees): An interactive OSCE-based teaching session was delivered to reinforce and apply the content from PDSA 1 via two clinical-based scenarios including discussion and feedback.

All teaching material was distributed to staff members, and the session was recorded for future training opportunities, accounting for standardised teaching methods.

Results: The baseline average score was 50%. Following the PDSA 1 session, this increased to 79%, demonstrating a statistically significant improvement ($t = 5.14$, $p < 0.001$). Following the PDSA 2 session, there was a slight decrease to 77%.

Key areas of knowledge that showed notable improvement after PDSA 1 included:

1 – Missed Dose Advice: χ^2 (1, $N=37$) = 0.000154, $p=0.05$.

2 – Lithium use in pregnancy: χ^2 (1, $N=37$) = 0.00056, $p=0.05$.

3 – Initiating lithium monitoring: χ^2 (1, $N=37$) = 0.004238, $p=0.05$.

Direct comparison between post PDSA 1 and 2 is limited due to the lack of participant continuity.

Conclusion: After PDSA 1, a clear improvement in staff scores was observed. Despite showing a slight decrease in knowledge after PDSA 2, both teaching methods proved effective in improving lithium counselling knowledge from baseline.

We hypothesise that attending both sessions would lead to the greatest improvement; however, scheduling constraints prevented consistent attendance. Attempting to account for this, sessions were planned online. Upon reflection, recording and disseminating all teaching resources were vital in ensuring standardised training.

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Management of Psychosis in Perinatal Period in Local Psychiatric Inpatient Unit, Current Pathways and Proposal to Improve Standards of Care

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doi: [10.1192/bjo.2025.10341](https://doi.org/10.1192/bjo.2025.10341)

Aims: To enhance the quality of care for patients experiencing psychotic episodes during the perinatal period (antenatal and postnatal) by improving service pathways and management.

Methods: This was a retrospective study, in which existing care pathways for patients presenting with psychosis in perinatal period