

Results: There was a significant improvement in compliance with physical health monitoring during the project. Outstanding blood test results decreased from 140 to 24, and pending ECG results from 16 to 1 in four weeks. By eight weeks, full compliance (100%) was achieved. The weekly mop-up proved the most effective intervention in clearing the backlog while staff reported that training in Kardias enhanced their confidence in conducting the reviews.

Conclusion: The QIP illustrates that improving physical health intervention requires targeted interventions that can result in improved physical health monitoring in community mental health centres. Sustaining this improvement requires enhancing staff skills and confidence, greater team collaboration and coordination of planned staff absences through appropriate swapping and cover arrangements. Future work will focus on developing a centre-specific guide, improved induction and shadowing for Resident Doctors and involving them in job planning.

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Improving Confidence in Identifying and Managing Perinatal Mental Health Risks Amongst Acute Clinical Services (First Response Services (FRS), Intensive Home Treatment Team (IHTT) and Acute Liaison Psychiatric Services (ALPS) Within the Bradford District Care NHS Foundation Trust

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Aims: The MBBRACE (confidential enquiry into maternal deaths in the UK) report tells us women in the perinatal period are a high-risk group and that this is not always recognized. The unique nature and complexities of perinatal illness that can present in these vulnerable groups requires thinking about both mother and baby. MBBRACE report tells us that we must recognize these risks and there must be a lowered threshold for accessing and referring to Mother and Baby Units and how to do this out-of-hours. As a gateway to mental health services, FRS, IHTT, ALPS services must have perinatal awareness and risk training as mandatory.

This quality-improvement project aims to improve clinical skills, service delivery and patient safety

Methods: We aimed to first identify the knowledge level of the FRS, IHTT and ALPS teams, if they had attended any perinatal training before (in the last 12 months, longer than 12 months or never) and asking their areas of developmental needs. This was through interactive online questionnaire tools (pre-intervention questionnaires). Then teaching sessions on perinatal mental health risks delivered to these teams. A post-intervention questionnaire to objectively measure improvements in skill and confidence.

Results: Pre-questionnaire revealed for majority of responders, the last time they attended a perinatal mental health teaching was 12 months ago – 3 years (barring ALPS, who had a teaching few months ago). Confidence level pre-intervention (teaching) – 14% (not confident), 28% (slightly confident), 51% (somewhat confident) and

7% (confident). Post-intervention – 33%(confident), 50% (very confident), 17% (extremely confident).

The outcome was that confidence levels in identifying and managing perinatal mental health risks were significantly increased. **Conclusion:** Having regular inter-team teaching sessions on perinatal mental health risks (including perinatal red flags) increases the confidence levels of first line/Acute Clinical Services in identifying and promptly managing these perinatal mental health risks. This would in turn reduce perinatal mental health safety incidences or near misses.

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To Prescribe or Not to Prescribe: A Quality Improvement Project in Improving Resident Doctors' Confidence in Managing Acute Behavioural Disturbance

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Aims: The management of acute behavioural disturbances necessitates an appreciation for the potential methods, risks, and monitoring requirements needed following assessment and initiation of management. A previous quality improvement project highlighted variability in clinicians initiating rapid tranquillisation agents in response to the same clinical vignette. This study aimed to improve Resident doctors' confidence in deciding to use pharmacological or non-pharmacological methods in managing acute disturbance by 25%.

Methods: Initially, a fishbone diagram was created to help visualise the possible causes contributing towards lack of confidence in managing acute behavioural disturbance via word-of-mouth conversations. Subsequently, a quantitative survey was circulated amongst 25 resident doctors in a single district general hospital. The survey consisted of questions using a 5-point Likert Scale, with scores of '1' representing 'no' and '5' representing 'extremely'. Following this, a teaching session was organised as part of the local foundation programme teaching series to help clarify common queries. A second questionnaire was then circulated, and feedback was gained to investigate changes in confidence, as well as inform future interventions.

Results: A total of 25 people had completed the baseline questionnaire. Confidence in utilising non-pharmacological approaches improved by 21%. Confidence in prescribing in acute disturbances improved by 32%. Overall confidence in managing a delirious patient improved by 26%.

Conclusion: Post-intervention, Resident doctors' confidence in managing acute disturbances improved by 26%. Following feedback, a poster has been developed, and Resident doctors' confidence will be re-audited.

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