

1-point decrease. Staff satisfaction in management of violence on their wards increased by 1.04 and 1.75 points for Wards A and B, respectively. Staff confidence in knowing which team to refer patient violence to increased by 1.167 and 1.07 points for Wards A and B. Incidences of patient violence reported on EPIC decreased by 8 episodes for Ward B and increased by 2 episodes for Ward A. **Conclusion.** Low-cost, simple intervention techniques are largely ineffective in improving staff confidence in handling violence. During verbal feedback, most staff agreed that training and simulation-based days would be useful. Ward managers should seek to include well-structured training to improve staff confidence.

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'Sustainable Minds': Examining Clinician Engagement in Sustainable Mental Health Care Practices at Bradford District Care NHS Foundation Trust

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Aims. The burgeoning focus on climate change has emerged as a prominent area of both interest and concern. As the importance of sustainable healthcare practices gains momentum, there is a heightened focus on tackling environmental issues and promoting planetary health. In a noteworthy achievement, the NHS became the world's first health service in October 2020 to commit to achieving carbon net zero.

Bradford District Care NHS Foundation Trust (BDCT) has been a strong advocate for sustainability and planetary health (S&PH) initiatives, driven by the committed leadership of the BDCT Sustainability department. While the non-clinical senior leadership displayed active involvement in these initiatives, there appeared to be, at least anecdotally, a somewhat limited participation from the clinical teams. This project aimed to investigate and analyse this perceived gap, utilising the findings to guide future initiatives.

Aims and Objectives:

The primary objectives of this research are to assess, evaluate, and empower medical staff at BDCT in sustainable healthcare practices. The specific aims include:

1. Assessing the current awareness levels of S&PH among medical staff.
2. Evaluating the extent of medical staff involvement in existing S&PH initiatives within the NHS and BDCT.
3. Identifying barriers and challenges faced by medical staff in actively participating in sustainability and environmental initiatives.
4. Contributing insights to broader S&PH initiatives within BDCT.
5. Developing strategies to empower clinicians, service users, and communities to actively engage in environmental and sustainability initiatives.

Drawing inspiration from the Royal College of Psychiatrists (RCPsych), a champion of S&PH, this project centres on a broader perspective that: sustainability extends beyond carbon counting and includes not only climate and environmental initiatives, but also considers sustainability of the workforce as firmly within the remit of sustainability.

We focused on three key themes: the staff, the patients, and the access to green spaces.

Methods. A research tool was developed to conduct this project. This entailed an online, semi structured proforma which was disseminated across the medical staff group in BDCT. The medical staff group included consultants, trainees, SAS/Trust Grade, and LAS doctors.

The proforma consisted of 18 questions and examined the following three themes:

- Staff: Staff Knowledge and Awareness of S&PH
- Patients: How do staff facilitate patients' awareness of S&PH?
- Workplace: Access to green spaces.

The collected data was analysed to derive insights, which were formulated to inform our action plan.

Results. Total 18 responses gathered via the semi structured proforma. 55% (n = 10) responses were from inpatient setting, 33.3% (n = 6) from community setting; 2 from other settings. 72.2% (n = 13) were in full time occupation while rest (n = 5) were less than full time.

Genders had almost equal representation.

Only a minority (27%) of staff were aware of the sustainability champion within BDCT, while only 22.2% were aware about the BDCT Green Plan initiative.

The common suggestions about methods to improve the awareness about the Green Plan and Sustainability were email, intranet page, sessions on the topic, posters, monthly update amongst various others. Email newsletter was overrepresented as a common theme (24%).

A majority of employees (78%) noted a significant change in the mileage which was a reduction (78% noted a reduction) as expected before and after Covid Pandemic.

Some of the suggestions received were innovative and interesting including cycle scheme, working from home, hybrid working amongst others. However, almost all responses were able to appraise the advantages of flexible working and the associated barriers.

The last segment explored the green spaces and their effect on mental health which was very encouraging.

Conclusion. This research project aligns with the RCPsych's vision of sustainability and nature, emphasising the critical role clinicians play in advancing sustainable healthcare practices. Some of the findings are really encouraging, however there is a still a significant gap in understanding the role of sustainability champion and the Green Plan.

By exploring awareness levels, involvement, and challenges faced by medical staff, this study seeks to provide actionable insights that not only enhance practices within BDCT but also contribute to the broader discourse on sustainability and planetary health in healthcare settings.

The findings are anticipated to catalyse strategies that empower clinicians and communities, fostering a culture of active engagement in environmental and sustainability initiatives.

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Consumer Survey on the Experience of Clozapine Treatment and Monitoring Process in an Australian Community Mental Health Service

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Aims. Clozapine is a well-established and widely practiced treatment for treatment-resistant schizophrenia. Due to its significant side effect profile, it requires intense monitoring, including monthly blood tests and medical reviews. A patient's attitude towards clozapine can impact compliance with treatment and its monitoring process. This survey intended to identify the community mental health patients' perception of the clozapine treatment and its monitoring process and to help improve current practices of the service.

Methods. A structured survey with 17 questions was administered to patients registered at the community clozapine clinic via face-to-face or phone conversation at an Australian Community Mental Health Service by the principal researcher and clozapine coordinators.

Results. 17 out of 25 eligible patients (68%) participated; the mean age was 39.7 years. There were nine female and eight male participants. 94% of patients were on clozapine for more than one year. 70.5% agreed that clozapine helped to improve mental health, and they understand clozapine side effects and monitoring process. 76.5% agreed that the treating team provided psychoeducation. Seven participants reported clozapine improved side effects compared with previous medications. Three disagreed that clozapine improved side effects, and six remained neutral. Hypersalivation (35.2%), constipation (23.5%) and weight gain (17.6%) were identified as the worst side effects. Nine (52.9%) participants reported that they make healthy life choices. Factors affecting motivation for a healthy lifestyle are mental health symptoms (47%), finances (47%) and physical health well-being (52.9%). Only 35% identified motivation from others as necessary for a healthy lifestyle. Fatigue/poor motivation (47%) and mental health (35.2%) prevent them from making healthy choices. Side effects and finances equally (23.5%) impact healthy choices. Eleven participants (64.7%) felt clozapine monitoring was a positive experience, and 88.2% felt they had enough support during the clozapine monitoring process and were adequately informed about their treatment plan. Two participants disagreed that they were informed of their treatment plan. The majority (82.3%) said no change was needed in the monthly medical officer-led clozapine clinic or six-monthly psychiatrist-led clozapine clinics. Text messages (88.2%) and phone conversations (47%) were the most preferred method for treating team communication about treatment.

Conclusion. The majority of patients identified that clozapine helped to improve mental health, and the monitoring process was a positive experience. Most participants were aware of clozapine and its monitoring process. Psychosocial support will be essential to improve quality of life and might improve the negative perception of clozapine's side effects.

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Improving the Management of Neuropsychiatric Presentations in Early Intervention Services (EIS)

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Aims. Early Intervention Services (EIS) are in a unique position to assess patients presenting with their first episode of psychosis.

The possibility that an organic disorder may be underlying their presentation must be ruled out, often necessitating neuroimaging and/or input from neurology and neuropsychiatry.

We aim to improve the management of neuropsychiatric presentations in EIS. We will determine the incidence of cases, from the London Boroughs of Sutton and Merton, which warrant referral to neurology, neuropsychiatry and neuroimaging. We will then review referral pathways and provide justification for community services, such as EIS, to *autonomously* request referrals and neuroimaging.

Methods. We retrospectively reviewed the complete caseloads of EIS for Sutton and Merton (n = 121). We considered the neurological comorbidities of patients to determine the incidence of cases which warranted a referral to neurology, neuropsychiatry and/or neuroimaging. We reviewed how requests were made and the subsequent results.

Results. 15% of the EIS caseload had a neurological comorbidity. Migraine was the most common condition (8.3%), followed by traumatic brain injury (3.3%), headache (2.5%), and seizure (1.7%). There was one case each of epilepsy, stroke, transient ischaemic attack, cavernoma and cerebral venous thrombosis. 83% of patients with a neurological comorbidity had received neuroimaging and all imaging results were either normal or confirmed known pre-existing neurological disease. The 17% of patients who did not receive neuroimaging had only migraine as a neurological comorbidity. One patient was reviewed by neurology and diagnosed with psychosis presumed to be secondary to paraneoplastic syndrome. All patients that fulfilled criteria for a neuropsychiatry referral had this completed electronically. However, there was no clear pathway to request a review by neurology, and Sutton EIS had difficulties autonomously requesting and accessing the results of neuroimaging, delaying provision of appropriate care.

Conclusion. There is a small but significant burden of neurological comorbidity among EIS patients. In our brief study, we found one patient whose symptoms of psychosis were likely attributable to an organic cause. Accessible pathways to refer patients for neuroimaging, and subsequently to neurology and/or neuropsychiatry if indicated, are crucial in the assessment and management of first episode psychosis where an organic cause is suspected. Access to these resources should be efficient and autonomous for EIS. We are in the process of implementing referral guidance alongside a direct electronic referral process to request neuroimaging and further input from neurology and/or neuropsychiatry, to optimise care for patients and our service.

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Improving the Visibility and Accessibility of Physical Health Information in a Forensic Medium-Secure Inpatient Unit

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Aims. To improve the visibility and accessibility of secure inpatients' physical health needs by measuring staff satisfaction levels towards physical health information and monitoring.