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Aims.

Background:

Mental health policy is crucial for enhancing mental health and well-being. Despite the significant contribution of mental disorders to the global burden of disease, 68% of the countries possess a comprehensive mental health policy. This review aimed to identify similarities and differences between low-income countries' (LICs) and lower middle-income countries' (LMICs) mental health policies, along with key gaps, limitations, and strengths, to inform Pakistan's mental health policy.

Methods. We conducted searches on Google, the WHO Mental Health Atlas, and the country's Ministry of Health website for mental health and general health policies. Recent mental health policies were included from LMICs that were available in English, whether published or unpublished. Scholarly articles, commentaries, books, and health policies that did not address mental health were excluded. Data extraction covered document title, policy status, country, policy formulation process, human resources, suicide prevention, finances, health service delivery, governance, leadership, involvement of ministries, and implementation plans. We synthesized the data through a comparative narrative review in both text and tables.

Results. Fifty percent (8/16) of LICs and sixty-five percent (17/26) of LMICs have health and mental health policies in English. These policies cover topics like psychiatric disorders, psychotropic drugs, forensic mental health, substance abuse disorders, and communicable and non-communicable diseases. Approximately 65% of LMICs' policies outline the structure of their federal or national government, and 59% provide information on provincial and local government structures. Most LICs include their vision, mission, and objectives in their policies.

Conclusion. Mental health is often neglected in the healthcare policies of LICs and LMICs. To reduce the burden of mental illness and prevent self-harm, suicide, and substance misuse disorders, the implementation of evidence-based mental health policies in line with the Sustainable Development Goals (SDGs) is crucial.

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.

Optimising MDT Huddles: A QIP Approach to Improving Efficiency and Satisfaction in an Older Adults Psychiatric Ward

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Aims. At Chelsham House – an older adults, acute inpatient dementia mental health ward – morning handover meetings ('huddles') lacked structure and consistency, resulting in extended, inefficient patient handover discussions and unclear task allocation. These issues consumed valuable clinical time

and impacted the continuity and effectiveness of care. Recognising these challenges, a need to revamp the huddle format emerged, prioritising clear communication, effective task distribution, and team cohesion to enhance patient safety and care efficiency.

This project aimed to improve the efficiency and effectiveness of morning huddles at Chelsham House by reducing their average duration by 10% and enhancing multidisciplinary team (MDT) staff satisfaction regarding patient handover dialogues, task distribution, and accountability within 2 weeks.

Methods. The intervention streamlined the huddle format by assigning a rotating MDT chairperson and task allocator, setting a strict 2-min per patient discussion target. New segments, such as a ward safety check and focused discussions on risks and discharge barriers within patient updates, were added. A task allocation board was implemented in the meeting room for assigning tasks. Staff surveys and data on meeting duration were collected pre- and post-implementation.

Results. The implementation led to a 16% reduction in huddle duration (from 64 to 54 minutes) and a 21% decrease in time spent per patient discussion (from 4.09 to 3.23 minutes). Staff surveys showed a significant increase in satisfaction regarding safety discussions (21%), task clarity (23%), and discharge planning efficiency (26%). The effectiveness of mental and physical health discussions was maintained, with a high average Likert score of 4.64 post-implementation, on a scale where 1 is 'Strongly Disagree' and 5 is 'Strongly Agree'.

Conclusion. This QIP achieved a notable 16% reduction in huddle duration, enhancing clinical operations on the ward. The progress, combined with improved staff satisfaction and maintained quality of discussions, underscores the QIP's success in boosting clinical efficiency and offers valuable insights for future initiatives in similar settings.

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Co-Producing and Quality Assuring Multi-Modal Psychoeducation to Enable Early Engagement in Guided Self-Help for People With Functional Neurological Disorder

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Aims. People with Functional Neurological Disorder (FND) exhibit diverse symptoms, ranging from motor and sensory issues to non-epileptic attacks, potentially causing reduced functioning and quality of life. East Kent Neuropsychiatry Service developed written and video resources to educate patients about FND. We aim to improve patient education on FND through increasing resource options and identifying optimal implementation of the materials within the care pathway.

Methods. We implemented an existing symptom self-management psychoeducation booklet and novel video resources as part of a quality improvement project (QIP). The first QIP cycle trialled the resources across different treatment pathways using three groups, each of seven patients. Group 1 received the

booklet first, then the video two weeks later. Group 2 received the video first, then the booklet after two weeks. Group 3 received both resources at the same time. After 4 weeks, patient feedback was collected by 4 medical students by telephone. Qualitative and quantitative data was obtained from 8 patients. Quantitative feedback was obtained using a 5-point Likert scale. In the second QIP cycle, 10 patients received both resources simultaneously, with improvements made to resource accessibility and readability. **Results.** The first QIP cycle highlighted that the videos were helpful in explaining FND, with 75% of patients rating the videos the same or higher than the booklet. Qualitative responses commented that videos were more personal and easier for family members to understand. Across both video and booklet resources, 67% of patients agreed or strongly agreed the resources were useful for explaining FND and their experience. One patient, in group 1, stated the resources improved their symptoms. 54% of patients agreed that they received the resources at the appropriate time; a common theme across all groups was the desire to access the resources earlier within the pathway. In the second QIP cycle (8 patients, 25% response rate), all agreed the resources improved FND understanding and self-management strategies.

Conclusion. Our study highlights that video resources are a valuable addition to FND psychoeducation, with benefits for patients, carers and family members. Both booklet and video resources were helpful in improving patient education on FND. Our findings emphasise the need for early integration of psychoeducation in the care pathway. Future developments could include collaborating with other specialties involved in the care of FND patients, such as neurology and emergency departments, to enable early integration of psychoeducation resources, empowering clinicians to effectively communicate about FND and enhancing patient psychoeducation.

Additional authors: Mr Alan Dunlop, Ms Wendy Collison and Professor Rafeeq Faruqi.

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Enhancing Medical Student Experience in Psychiatry Placement in Stockport: A Quality Improvement Project

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Aims. Fourth-year medical students from Manchester University undergo a four-week Psychiatry rotation in Stockport as part of their curriculum. Placed in both community and inpatient teams within General Adult and Older Adult Psychiatry services, this placement offers a unique opportunity for students to gain clinical and educational experience in Psychiatry, potentially shaping their perception of the field. This quality improvement project aimed to enhance the overall experience of medical students during their Psychiatry placement in Stockport.

Methods. A retrospective review of quantitative and qualitative feedback from the March to April 2023 cohort ($n = 4$) involved a 5-point Likert scale and comments covering 10 domains. The feedback focused on aspects such as induction, orientation, learning objectives, patient assessment, procedural skills, supervisor

feedback, access to resources, timetables, and the overall experience. An average total score was calculated.

Subsequently, strategies were implemented for the April to May 2023 cohort based on the feedback. Weekly check-ins, updated timetables, team introductions, additional teaching sessions, and opportunities for case presentations were among the interventions.

Quantitative and qualitative feedback from the April to May 2023 cohort ($n = 4$) were collected and compared with the previous cohort's feedback.

Results. The feedback scores demonstrated improvement, with the average total score increasing from 4.1/5 (82%) in March – April 2023 to 4.7/5 (94%) in April–May 2023. Students praised the helpful staff, opportunities to present cases, and the tailored and useful nature of the placement. Feedback on improvements included addressing vague timetables, unannounced cancellations of teaching sessions, and limited opportunities for case presentations.

Conclusion. This quality improvement project demonstrated that the targeted interventions helped enhance the educational experience of medical students during their psychiatry placement. The increased feedback scores underscore the positive impact of targeted interventions. The findings emphasize the importance of continuous quality improvement in medical education, ensuring a more positive and enriching experience for medical students in Psychiatry rotations.

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Improving Health Literacy for Individuals With Intellectual and Developmental Disability and Their Carers

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Aims. The aim of our project is to support health literacy in patients and carers under the Nottinghamshire Intellectual and Developmental Disabilities (IDD) service. To achieve this aim, we will produce a 20 page newsletter, containing updated and accessible research on mental health disorders that are common in the IDD population. We will also utilise a Trust webpage to publish the newsletter and produce a video/ podcast for the webpage, showcasing individuals with intellectual disabilities discussing and interacting with the articles.

Methods. Research into the relevant articles included a search on Google Scholar and PubMed, and a list was written up. Final research articles to be included in the newsletter were selected after consultation with the consultant peer group within the Intellectual and Developmental Disability team within Nottinghamshire Healthcare NHS Foundation Trust. Easy read forms of all the articles were drafted by researchers, which will be sent to relevant authors to verify that this is an accurate representation of their research. An accessible 20-page newsletter will be produced, and an IDD focus group will review the content of the newsletter, discuss the articles and relevant videos/ podcasts will be made of these interactions. A webpage on the trust website will be created to publish the newsletter and allow users to interact