

**Introduction:** Institute of Mental Health (IMH) is the only tertiary psychiatric hospital in Singapore and does not provide acute medical care. The on-call doctors, who are Advanced Cardiac Life Support (ACLS) certified, respond to medical emergencies. Resuscitation skills are expected to decay with time when not used frequently and thus can pose an important challenge to maintain the doctors' skills in settings with low volumes of code blue situations (Au *et al.* Resuscitation 2009;138:284-296). Our code blue audits revealed significant competency gaps. IMH introduced a biannual resuscitation training program which includes a video demonstration of the optimal code blue response, hands-on session to review airway management techniques, operation of the defibrillators used in IMH, recognition and management of cardiac arrest rhythms including a pre-course ECG worksheet, familiarisation with the emergency drugs used in IMH, and a code blue drill. Due to COVID-19, the original course was shortened by removing the video demonstration and code blue drill, augmenting the home-based question paper with IMH-specific clinical vignettes.

**Objectives:** We aimed to determine the common conditions resulting in code blue activations and whether the modified course was equivalent to the original course or ACLS in maintaining resuscitation currency and doctors' confidence in responding to emergency scenarios.

**Methods:** Data was collected from June to August 2023 with consent via an electronic feedback form, to reduce non-response bias, from doctors who have responded to code blue activation in IMH. Qualitative justification on the responses were collated. Efforts were made to collect at least 25 responses from doctors with different levels of experience to minimize sampling bias. Surveys were anonymised, questions were vetted by 2 senior doctors and the survey was kept short to reduce response bias. Binary responses were tabulated for analysis and content analysis was done for feedback obtained.

**Results:** Of 28 respondents, most were Psychiatry trainees (60.7%) with 1-2 years of experience working in IMH (36.7%) and more than 30 overnight duties (53.6%). The most commonly encountered emergency scenarios were hypotension (31%) and desaturation (20%). 92.9% of participants agreed that the modified course was useful for emergency scenarios faced. 53.6% of participants attended both the full and modified course, amongst whom, 60% reported that the modified course was equivalent to the full course. Only 50% felt that ACLS alone would suffice. Qualitative feedback obtained from participants reiterated that it was a context-specific and timely refresher course.

**Conclusions:** IMH doctors were satisfied with the modified resuscitation course and found it effective for frequently encountered emergency scenarios suggesting it as a valuable training adjunct in low code blue volume settings.

**Disclosure of Interest:** None Declared

## EPV1697

### An Audit of Compliance with Trust Guidelines for Post-Incident Medical Reviews of Patients who have Ligatured on Acute Inpatient Psychiatric Wards in CWP NHS Foundation Trust, using a Sample of Data from the period between January 2022 and May 2024

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**Introduction:** Immediate physical assessment and management of patients on psychiatric wards who have been ligaturing is not standardised across the UK. There is little published research or literature on what is needed in terms of medical input and these incidents are usually initially assessed/managed by non-medical staff who are on site at the time of any such incidents. Within CWP NHS Foundation Trust, we have local guidelines (SOP 13 'The Management of ligatures in Mental Health and Learning Disability Services') advising that any inpatient on the adult/older adult psychiatry wards who has ligatured should be seen by a doctor for a medical review,

**Objectives:** To review a sample of recorded inpatient ligature incidents to see if Trust guidelines were being adhered to. We hope to use the findings from this audit to review the current guidelines and assess whether or not the additional medical reviews add to or change clinical management already instigated by ward staff. This may be more of an issue when medical staff cover is limited e.g. out of hours.

**Methods:** We accessed recorded ligaturing incidents on adult and older adult inpatient psychiatry wards across our Trust (accessing the 'Datix' reporting system) from the period starting 1st January 2022 to 31st May 2024. In total, there were 1127 and we took a sample of 112 picked using a random number generator. We reviewed the documentation from the incident to confirm how many had had a medical review after the incident, how long after the incident they were seen and whether or not the medical review had changed management following the incident.

**Results:** Approximately 50% of patients had had a medical review post ligature incident. Approximately 4% of patient ligaturing (5/112) or 9% of those who received a medical review (5/55) had new management instigated as a result of the medic review. On review of these cases, there was limited medical input needed including application of steristrips for wound care and asking for ambulance transfer to acute hospital for CT head following seizure after ligaturing. There were no serious harm outcomes from the patients we reviewed in our sample.

**Conclusions:** Whether or not the we can review guidelines can be reviewed in light of the data is to be discussed following presentation of our results to the Trust. It appears that the initial management plan, instigated by ward staff, has usually been appropriate and when additional input has been given by the medic on site at review, this has not been felt to have been critical in optimising patient safety. It would still be possible for a medic to review patients when felt by ward staff to be necessary even if guidelines were changed to suggest it was not mandatory for patients to be seen by a medic.

**Disclosure of Interest:** None Declared

## EPV1698

### Risk assessment tools for sexual assault: a scoping review

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**Introduction:** Risk assessment tools are used to enhance patient safety and promote quality care by limiting adverse outcomes to the greatest extent possible. In the Republic of Ireland, risk is monitored and regulated by the Mental Health Commission (MHC). A 2023 report by the MHC identified high numbers of recorded episodes of sexual assault on the acute inpatient unit in the Department of Psychiatry (DOP), University Hospital Waterford (UHW). Standard risk assessment tools are used in the DOP, however, these risk assessment tools failed to identify those who were at high risk of perpetrating a sexual assault.

**Objectives:** The purpose of this research was to determine if there were risk assessment tools with a higher predictive value of identifying risk of sexual assault in an acute adult inpatient psychiatric setting. I also wanted to establish whether there were risk assessment tools available which assess risk of sexual assault in those with no history of perpetrated sexual assault.

**Methods:** This scoping review was prepared according to the PRISMA-Scr guidelines. Databases including Embase, Medline, CINAHL, UpToDate, TRIP, Cochrane and PsychINFO were searched. Keywords included inpatient, psychiatry, mental health, risk assessment tools, risk assessment scales, risk management, sexual assault and sexual offense. There was no limit on the date of publication or country of origin of articles. Only articles that used risk assessment tools on adults, who were inpatients in an acute psychiatric setting, in the English language were included. Only risk assessment tools that included assessment of risk of sexual assault were included.

**Results:** A total of 15 articles were identified. There was a dearth of literature that compared risk assessment tools in this population with regards to risk of sexual assault. Most articles exploring risk of sexual assault focused on the study of those who were offenders and explored the risk of recidivism through the use of risk assessment tools.

**Conclusions:** Risk cannot be accurately predicted or eliminated. However, determining the most appropriate and comprehensive risk assessment tools, with the highest probability of identifying risk of sexual assault has the potential to enhance patient safety and improve the quality of care provided. There is a lack of risk assessment tools that assess sexual assault, especially in those with no prior history of perpetrating a sexual assault.

**Disclosure of Interest:** None Declared

## EPV1699

### Examining the Correlation between Emotional Intelligence and Burnout: A Study on Mental Health in the Workplace

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**Introduction:** Mental Health (MH) in the workplace profoundly influences employee well-being. Burnout, Emotional Exhaustion (EE), depersonalization and diminished personal accomplishment are prevailing concerns among healthcare professionals. Left unchecked these facets can impinge on professionals' MH and productivity.

**Objectives:** This study explores the relationship between Emotional Intelligence (EI) and burnout among staff at Mount Carmel Hospital by assessing the degree of EE, depersonalisation and personal accomplishment before and after the EI training.

**Methods:** 121 participants from four hospital wards were recruited. An anonymized questionnaire assessed EI, burnout and demographics including the Schutte Self Report EI Test and the Maslach Burnout Inventory. EI training was provided by professionals from within the hospital service. Post-training measures were reassessed to determine the training's impact on improving the constructs of occupational burnout.

**Results:** Gender analysis revealed higher EI scores among females ( $125.4 \pm 11.2$ ) compared to males ( $117.0 \pm 13.9$ ,  $p=0.026$ ). EE was significantly higher among Maltese staff ( $20.4 \pm 8.3$ ) compared to EU ( $17.2 \pm 4.8$ ) and third-country nationals ( $12.3 \pm 4.9$ ,  $p=0.027$ ). Longer ward tenure (11-25 years) correlated with higher EE ( $32.7 \pm 6.8$ ) compared to <1 year ( $16.6 \pm 8.1$ ) or 1-5 years ( $17.6 \pm 5.7$ ,  $p=0.0087$ ). Negative correlations between EI and depersonalization ( $r=-0.32$ ,  $p<0.01$ ) emerged, indicating higher EI is associated with lower levels of depersonalization. A significant positive correlation between EI and personal achievement ( $r=0.54$ ,  $p<0.01$ ) suggested that higher EI is associated with higher levels of personal achievement. No correlation was found between EI and EE. Phase two revealed a significant difference in post-training EI. Other measures showed no significance; suggesting that other corporate foundational aspects impinge on employee MH.

The findings have important implications for MH professionals and organisations. The correlation between EI and burnout highlights the importance of promoting EI. Specific correlations need further testing, as the higher degree of EE in participants with higher scores of EI effects training development. Training programs focusing on EI should be incorporated into continuous professional development. Significant variations in EE were observed among participants from different nationalities and those with varying years of experience in the ward; underscoring the importance of tailored interventions enhancing EI and mitigating burnout.

**Conclusions:** This study provides evidence for the correlation between EI and constructs of burnout among staff at Mount Carmel Hospital. Further corporational functional aspects potentially impact employees' professionals outlook, perception and MH. Training programs aimed at enhancing EI can be used to reduce and mitigate burnout levels while improving well-being in the workplace.

**Disclosure of Interest:** None Declared

## EPV1700

### Exploring healthcare provider's views on potential causes and solutions of waiting lists in mental health services in Ireland

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**Introduction:** This study focused on one of the key components of mental healthcare provision: waiting lists in the community mental health service in County Louth and Meath, Ireland. The background context addresses the increasing demand for healthcare,