



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.

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.

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

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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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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