

Attendees included members of the nursing team and allied health professionals (ward managers, mental staff nurses, nursing assistants, student nurses, pharmacy technicians etc.).

Post-Teaching questionnaires filled out after each session rating understanding before and after teaching.

Topics included the commonest physical health conditions on old age mental health wards, including physical observations monitoring and interpretation.

One overall feedback questionnaire was also obtained at the end of all sessions.

Results. Participants emphasised improvement in their level of knowledge and confidence in spotting signs and symptoms as well as derangements in all topics covered.

They reported feeling more included and heard as a member of the team, feeling more confident to escalate abnormal findings to ensure patient reviews. This is evidenced by comments and ratings on feedback forms.

All respondents believed that the teaching sessions should continue as 87.5% felt they were very helpful, while the remaining 12.5% rated it reasonably helpful (4/5).

Conclusion. While the physical health aspect of patients may be easy to overlook or neglect in mental health settings, continuous creation of awareness through interactive teaching sessions can improve staff knowledge and confidence. We need to re-emphasize the importance of a good working relationship between the nursing team and medics to improve the physical health of our patients (while caring for their mental health) and ultimately ensure patient safety at all times.

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 Public Awareness of Climate Anxiety: A Medical Student Led Initiative

Dr Athanasios Hassoulas*, Ms Abigail Finnie and Ms Emily Shore

Cardiff University School of Medicine, Cardiff, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.300

Aims. Climate change, and the effects thereof, present challenges in all domains of life. Mental wellbeing is an often-overlooked area when considering the direct and indirect impact of climate uncertainty. Worrying about the outcome of current and future climate events and experiencing distress at the perceived lack of action taken by world leaders has given rise to reports of climate anxiety. Whilst not a diagnosable psychiatric illness, individuals experiencing climate anxiety report to experience excessive worry and fear that may impair activities of daily living. In addition, anxiety over the climate and environmental matters may exacerbate existing conditions such as generalised anxiety disorder (GAD).

Methods. In an effort to raise public awareness of climate anxiety, a leaflet was designed by medical students for dissemination in General Practice surgeries, along with an interactive electronic version of the leaflet being made available for online dissemination. The World Health Organization's (WHO) guidance on health literacy in empowering communities and diverse audiences was adopted in the design of the leaflet. Key information was reported using interactive means that enabled the audience to engage with the content of the leaflet and to consider the impact of climate anxiety on mental wellbeing. A survey was embedded at

the end of the leaflet, using a QR code, to collate feedback from the public and from clinicians on the usefulness and educational value of the leaflet.

Results. The leaflet was shared with General Practitioners affiliated with the School of Medicine at Cardiff University, to disseminate at their surgeries, and was promoted by online and social media channels affiliated with the School of Medicine. Members of the public reported that the leaflet highlighted the importance of mental health considerations in relation to the climate crisis and provided a good overview of climate anxiety. Clinicians also reported the overall usefulness of the leaflet as a resource of information on climate anxiety.

Conclusion. Climate anxiety is a relatively new phenomenon that most people are not familiar with or know little about. Raising public awareness of the impact the climate crisis might have on mental wellbeing is crucial. Of equal importance is improving clinical awareness of climate anxiety as a risk or perpetuating factor of existing anxiety and/or mood disorders, such as GAD.

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.

The Expert Patient Clinic (QI Project): A Meaningful New Community Psychiatry Training Experience for Medical Students

Dr Jason Holdcroft-Long^{1*}, Mrs Natalie Dean¹, Ms Meg Rayner¹ and Ms Elizabeth Mullins²

¹Derbyshire Healthcare NHS Foundation Trust, Derby, United Kingdom and ²University of Nottingham, Nottingham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.301

Aims. Psychiatry is predominantly a community specialty, but large medical school cohorts and limited outpatient learning opportunities mean students report a lack of experience in community mental healthcare. They describe clinicians lacking time to teach in busy clinics, or patients declining student presence. Consequently, many Foundation Doctors will first experience working with outpatients when they sit down to their first clinic! Our aim, quite simply, was to remedy this gap.

Methods. The Psychiatry Teaching Unit at Derbyshire Healthcare is in the vanguard of patient involvement, with a large group of Expert Patients (EPs) having extensive lived experience of inpatient/outpatient psychiatric care, and medical education delivery.

We co-produced an Expert Patient Clinic to replicate a psychiatric outpatient clinic, with students acting as psychiatrists, reviewing Expert Patients. Students work in groups, taking turns as doctor/observer. Each 'appointment' is followed by tailored feedback.

The tasks are themed as follows:

Patient-specific review: a more 'technical' task e.g. reviewing medication changes and side effects, or using measurement tools to assess signs and symptoms.

Psychosocial review: considering social circumstances, activities of daily living and personal functioning.

Current mental health review: assessing mental state, subjective and objective signs and symptoms of mental health problems, and concerns, ideas and expectations for care and intervention.

Sessions are facilitated by a psychiatrist, Lived Experience Facilitator (EPs formally employed as educators) and a senior clinical nurse educator.