

We hypothesised that there would be a lack of confidence and staff knowledge around SSGI issues in PWID. We suggested that challenges exist because discussing sex in PWID still feels taboo.

PWID have the same sexual needs as those without any disability. Historically, this population have been discouraged from expressing their sexuality due to certain attitudes, fears, and prejudices. Stigmatising views have included PWID being viewed as asexual or conversely posing a risk of sexual violence, despite evidence showing that they are more vulnerable to sexual abuse. Important issues around capacity and understanding consent highlight the importance of psychosexual education for patients and carers.

Carers and health care professionals are key in educating and supporting PWID, however, our disinclination towards discussing SSGI openly can have unintended negative effects on the well-being of our patients. These issues are therefore paramount to understand and address.

Methods. Patient-facing staff in a London CLDT were surveyed, and staff focus groups held, to understand attitudes towards SSGI in PWID. Staff knowledge of local services was also explored. Using thematic analysis, we identified both staff and service development needs and devised a set of interventions to address these.

Four educational interventions for staff were developed and evaluated using QI methodology. Interventions included bitesize teaching, externally commissioned training, and resource packs.

Results. Thematic analysis identified a number of barriers to delivering SSGI care, particularly staff's low confidence and a lack of training. Following the four educational interventions, average staff confidence to discuss SSGI increased from 55% to 77%.

Staff responses indicated a lack of SSGI services for PWID locally. In response to this, the QI team, service leads and management agreed upon various service development ideas. These include upskilling specific staff to become SSGI leads; auditing the CLDT caseload to understand the SSGI issues in our population; and trialling a clinical sexology service for a small subset of patients.

Conclusion. A QI approach to staff education demonstrated clear benefit, with staff more confident to address the SSGI needs of PWID. Combined with sustainable service improvement ideas, this can improve patient care.

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.

Genetic Screening of Inpatients With Intellectual Disabilities: A Service Development Project to Widen Access to Up-to-Date Genetic Screening in Adults With an Intellectual Disability

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Aims.

Problem:

Around 10% of patients with an intellectual disability have a clinically relevant copy number variant in their DNA detected using microarray analysis. Adults with an intellectual disability may not have had access to genetic screening during their patient journey, or they may have had previous screening with now outdated technology.

Aim: to offer up-to-date genetic screening to adults with intellectual disability in an inpatient setting.

Methods.

Strategy for change:

In collaboration with the clinical genetics department, confirm local capacity for genetic screening by microarray testing, and create a pathway for referral with a screening tool for detection of "high risk" patients. Develop processes and resources for consenting patients with capacity, and for acting in best interests with family agreement for those without.

Measurement of Improvement:

Increase in the number of patients with up-to-date genetic screening.

Results.

Effects of change:

This project has detected previously unknown genetic abnormalities in current inpatients, two of which were felt to be clinically significant. Further testing is underway and clinical discussions are ongoing regarding the implication of these findings for current patient care and management.

Conclusion.

Discussion:

Patients with capacity, families and multidisciplinary healthcare professionals were overwhelmingly supportive of this project with the aim of improving understanding and ultimately the care of each individual. With further discussion and assistance, this project could be widened to the community setting to benefit a greater number of patients and their families.

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Evaluating a Process for Offering Psychiatry Inpatients a Novel Onsite Sexual and Reproductive Health Clinic

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Aims.

1. For all eligible general adult psychiatry and substance misuse inpatients at the Royal Edinburgh Hospital (REH) to be offered appointments at a pilot onsite sexual and reproductive health (SRH) clinic.
2. To evaluate the need for this novel service using eligibility rates and attendance levels.

Methods. Eligibility of all inpatients on a substance misuse ward considered at admission, and a space in the clinic offered if appropriate. Reminder added to the clerking proforma.

Eligibility of general adult psychiatry (GAP) inpatients considered by their multidisciplinary team (MDT) weekly. Team 1 to trial this at ward round, and team 2 to trial it at rapid rundown.

A patient leaflet was created to explain the clinic.

Results.

General adult psychiatry: In team 1, 82% (120/147) of patients were considered by the MDT over 20 weeks, and in team 2, 65% (53/82) over 10 weeks. Of all GAP patients considered, 48% (83/173) were deemed eligible. Of those, 70% (61/83) were asked if they wished to attend, usually by the junior doctor