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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 Recent mental health policies were included from LMICs that were available in English, whether published or unpublished.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