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Enhancing Well-Being: Optimizing Service Delivery in Neighbourhood Mental Health Team (NMHT) for Administrative Staff and Service users

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Aims. Promoting the well-being of staff is paramount within mental health services. However, a common issue arises where administrative personnel, often serving as the primary point of contact for service users, engage in mental health-related interactions without formal training. This deficiency can adversely affect their well-being, leading to diminished team morale and increased staff turnover, consequently impacting the quality of care provided by the Neighborhood Mental Health Team (NMHT). Moreover, it can contribute to dissatisfaction among service users, jeopardizing their rapport with the service. We aim to improve the wellbeing of staff and service users and to optimize service delivery at the local NMHT.

Methods. Data were gathered from a local NMHT catering to 1200 service users in the borough of Tower Hamlets in London. A pre- and post-implementation questionnaire was administered to both service users and six administrative staff members. The questionnaire highlighted several areas for improvement, including a lack of mental health understanding among administrative staff, reported low confidence when handling certain phone inquiries, and service user complaints. Change initiatives were then devised to address these concerns and evaluate their impact on enhancing the experience for both service users and administrative staff.

Results. Administrative staff uniformly expressed the need for increased mental health training prior to commencing their roles. Implementation of targeted change initiatives led to noticeable improvements in service user satisfaction and staff confidence in managing phone interactions. These enhancements culminated in an overall advancement in service delivery.

Conclusion. Through the strategic implementation of change initiatives informed by our initial findings, we not only augmented mental health literacy among administrative staff and service users but also bolstered their well-being. Consequently, this directly translated into an amelioration of local service offerings. Further research is warranted to ascertain the long-term efficacy of these innovative interventions.

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7-Day Follow-Up Appointments Following Discharge From a Psychiatric Hospital

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Aims. Following discharge from inpatient to community psychiatric services, the first 7 days is the most vulnerable and associated with an increased risk of suicide. According to the NICE Guideline 53, it is recommended that patients discharged from inpatient psychiatric services should be reviewed within 7 days by the relevant community services. Our aim was to determine how well we are adhering to this recommendation, appropriately documenting the appointment in the patients' discharge documents as well as the number of patients that attended the appointment.

Methods. We collected data on an excel spreadsheet of patients discharged from Huntly ward (a General Adult Psychiatry ward) in the Royal Cornhill Hospital from 01/09/2022 and 14/10/2022 (a period of 6 weeks).

The data collected included name, CHI, date of admission and discharge, community mental health team, follow-up appointment offered, appropriate documentation on Core discharge document and whether the patient attended the appointment.

After the first audit cycle, we had a discussion with the junior doctors on the ward highlighting the importance of 7 day follow up and the need for arranging with the Community mental health team prior to the discharge, documenting a date, time and name of the clinician for the 7 day follow up in the Core discharge document. We also encouraged the use of reminders like using the doctors' diary book on the ward to document anticipated discharges and adequate hand over of patients to the community mental health team at the start of each week's Multidisciplinary Teams meeting.

We subsequently did a re-audit on patients discharged from Huntly ward between 04/04/2023 and 12/05/2023 (6 weeks). We compared the results from the first cycle and the second cycle to identify a change.

Results. First Audit cycle.

Over the 6-week period, 27 patients were admitted into the Huntly ward and 23 patients were discharged.

48% (n = 11/23) of discharged patients were offered a follow up appointment.

91% (n = 10/11) had this appointment documented in the Core discharge document.

100% (n = 7/7) attended the 7 day follow up appointment.

Re-Audit.

Over the 6 week period, 16 patients were admitted and discharged from Huntly ward.

81% (n = 13/16) were offered a 7 day follow up appointment and this was documented in the Core discharge document.

100% (n = 13/13) of the patients attended their 7 day follow up appointment.

The result showed good improvement from 48% to 81%.

Conclusion. Using reminders, properly liaising with the community mental health team, appropriately documenting a named clinician, date and time for the 7 day follow-up ensures that the patient attends.

The importance of offering support during the first week after discharge from psychiatric hospital should continue to be emphasized to prevent adverse outcome during this vulnerable period.

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Improving Quality of Multidisciplinary Team Meetings in Our Community Mental Health Team in NHS Greater Glasgow and Clyde, Scotland

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