for teaching, scribing and formulations. The residents expressed relevant concerns about the data protection and about AI lacking an in-depth understanding about emotions and context if being used in patient care.

A significant part of psychotherapy learning involves reflections about the sessions, facilitated by writing session summaries and supervision. The case formulation is a key part of the shared understanding, between resident, patient and the supervisor. AI being used to replace the process can negatively impact learning. Agreed guidance on best practice for the use of AI in psychotherapy training could assist residents in learning psychotherapy concepts and understanding potential pitfalls with AI use.

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.

Debrief to Development: Creating a Teaching Session on 'Recognising Overdose'

Dr Isabel Barnett, Dr Andrew Hayward and Dr Charles Pope

Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom

doi: 10.1192/bjo.2026.11344

Aims: Following a serious untoward incident (SUI) involving a service user under the care of the Intensive Home Treatment Team for Older People (IHTT) in Leeds, a learning need was identified around the recognition of medication overdose, particularly in community mental health settings. Debrief around the incident highlighted a gap in confidence and awareness, particularly among non-medical staff in recognising potential overdose presentations outside acute hospital environments.

To address this, we designed and implemented a targeted teaching session with the aim of strengthening clinical vigilance and early identification of possible overdose and provide practical, scenario-based education for frontline staff, to ultimately reduce the risk of similar incidents by improving knowledge, confidence and decision-making.

Methods: A teaching session was developed by resident doctors in response to the SUI learning. It was designed for delivery to non-medical, community-based mental health staff and focused on recognising overdose presentations, including atypical or non-specific symptoms. Teaching sessions were delivered across a 1-hour format and incorporated case-based discussion, practical scenarios, and guidance around escalation and response. Feedback was collected through online forms in addition to informal verbal and email responses. Quantitative and qualitative analyses were performed to evaluate the quality, relevance andperceived impact of the teaching.

Results: More than 50 staff members have attended the sessions so far, with more sessions planned. Quantitative analysis showed high levels of satisfaction and perceived benefits: 100% of respondents rated the quality, clarity and relevance of the session as 5/5. Participants reported a significant improvement in understanding of overdose presentations (mean score 4.83/5) and 94% reported increased confidence in responding to suspected overdose situations (mean score 4.39/5). Qualitative feedback highlighted strong engagement with the session content, with particular value placed on worked case examples. Suggestions for improvement included covering additional scenarios, proving an accessible quick-reference document and shortening the session to allow wider staff engagement.

Conclusion: This project successfully addressed an identified learning gap following an SUI and was positively received by community mental health staff. Early feedback suggests it improves confidence and awareness in recognising potential overdose presentations in community settings. Future plans include wider and sustained implementation through a concise 15-minute core teaching package, development of a quick-reference guide, and further delivery to additional community teams, as well as inpatient units that have expressed an interest.

The initiative demonstrates how structured, reflective learning from adverse events can translate into meaningful improvements in frontline clinical practice.

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.

Modernising the MSE: Embedding Eating and Nutritional Assessment Into the 21st-Century Mental State Examination

Dr Edwin Birch[1], Dr Agnes Ayton[1] and Mr James Downs[2]

[1]Oxford Health NHS Foundation Trust, Oxford, United Kingdom and [2]Independent, United Kingdom

doi: 10.1192/bjo.2026.11343

Aims: To review the utility of the traditional Mental State Examination (MSE) in identifying feeding or eating disorders (FEDs), and to propose a modernised approach that incorporates assessment of eating behaviours, nutrition, weight, and body image disturbance to improve detection and patient safety.

Methods: A narrative review of existing MSE frameworks was undertaken, examining their historical development and relevance to contemporary psychiatric presentations. The unique diagnostic challenges of FEDs were considered, alongside common barriers to detection such as stigma, ego-syntonic psychopathology and structural inequalities in the medical establishment. Our co-author provided lived experience accounts to provide a patient-led perspective on the limitations of the MSE in modern practice. Based on these gaps, a proposal was developed to integrate semi-structured questions on diet, weight, and compensatory behaviours into routine MSE practice.

Results: The emphasis of the current MSE is seen to be heavily weighted towards traditional psychiatric presentations such as psychosis and affective disorders, inadequately capturing key psychopathology associated with FEDs such as eating behaviours, nutritional status, andbody image disturbance. This omission risks delayed diagnosis and compromised patient safety. Incorporating targeted, semi-structured questions into the MSE offers a feasible and systematic way to improve early recognition of FEDs across diverse populations. Additional benefits will be gained in safe psychotropic drug monitoring with early recognition of nutritional side effects.

Conclusion: Modernising the MSE to explicitly include assessment of eating behaviours and related psychopathology may enhance early detection of FEDs, reduce stigma through routine enquiry, and improve clinical outcomes and patient safety. Updates to medical training and everyday psychiatric practice are required in tandem to reflect the diverse presentations of modern mental health disorders.

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.