Improving Outcomes for Community Substance Misuse Service Users Presenting in Acute Mental Health Crisis

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Aims: Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment.

Islington Better Lives is a busy inner London community substance misuse clinic and service users frequently present in mental health crisis. The substance misuse multidisciplinary team is primarily nonmedical, as a result substance misuse keyworkers reported feeling uncertain of how to manage and at times overwhelmed by service users in acute mental health crisis.

Methods: To improve both the confidence of the keyworkers and more effectively and safely manage service users in acute mental health crisis we put on several talks across two sites in the borough. These talks covered how to manage, risk assess and appropriate referral to the various pathways within the North London Mental Health Partnership; the roles of Mental Health Crisis Assessment Service (MHCAS), the crisis team and crisis house and when psychiatric admission may be merited.

Results: 30 keyworkers were surveyed before and after the talk on confidence in managing several domains of mental health crisis. Asked: How confident are you in managing a service user a. having a mental health crisis? b. with thoughts of self-harm? c. with suicidal thoughts? and finally d. Do you feel you know the appropriate next steps if you feel a patient is in mental health crisis?

There was an average increase amongst key workers for a. 27%, b. 26%, c. 25% and d. 30% following the talk.

Conclusion: Presentations from clinicians are an effective way of improving the confidence of nonmedical substance misuse keyworkers in managing service users in acute mental health crisis. This is likely to lead to more effective and safer management of community substance misuse service users in acute mental health crisis.

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 Clozapine Blood Monitoring in Inpatient Psychiatry: A Targeted Quality Improvement Initiative

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Aims: Clozapine is critical for treatment-resistant schizophrenia, yet inappropriate monitoring can have severe physical and mental health consequences. Toxicity can result in bowel obstruction, myocarditis, and life-threatening agranulocytosis, while subtherapeutic levels increase the risk of relapse. Ensuring appropriate blood monitoring is a national concern in inpatient psychiatric care.

In response to missed full blood counts (FBCs) and inappropriately ordered clozapine levels in our trust, this quality improvement project (QIP) aimed to improve adherence to Trust Guidelines. The goal was to ensure that FBCs were sent routinely while clozapine levels were only requested upon consultant guidance, reducing inappropriate tests from 53% at baseline to zero by April 2024. The intervention was targeted towards nurses responsible for ordering routine blood tests.

Methods: An initial audit of all clozapine-related blood tests was conducted between 1 November 2023 and 1 January 2024. The intervention was implemented in January 2024 which included a 20-minute training session on clozapine blood monitoring, delivered to nurses across three separate days to maximize attendance. The training covered clozapine pharmacology, monitoring requirements, appropriate indications for clozapine level testing, and practical steps for arranging blood tests. Additionally, an aide-memoire was placed at key ward locations, including near the laptop used for blood test requests and in the nursing station. The primary outcome was the number of inappropriate clozapine levels sent over a three-month period, while the secondary outcome assessed staff confidence in clozapine blood monitoring through pre- and post-training questionnaires.

Results: The project successfully achieved its primary aim. During the re-audit period, FBCs were sent routinely for all patients on clozapine. Clozapine levels were only sent upon consultant guidance for suspected toxicity, with no inappropriate requests. Regarding the secondary outcome, staff reported increased confidence and understanding of clozapine monitoring protocols based on questionnaire responses.

Conclusion: Engaging frontline staff in understanding the rationale behind clinical investigations was key to achieving sustained practice change. Providing structured, accessible training ensured that staff directly responsible for ordering routine blood tests felt confident in making appropriate testing decisions. This highlights the broader importance of equipping frontline allied healthcare workers with both the knowledge and the reasoning behind clinical guidelines to optimize patient safety and care. To maintain long-term improvements, periodic training refreshers and integrating these principles into standard staff education programmes are recommended. Future initiatives should explore similar training approaches across other clinical settings where test ordering decisions impact patient outcomes.

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Are the Sexual and Reproductive Health Care Needs of Premenopausal Female Service Users Accessing Early Intervention in Psychosis Services Being Adequately Addressed?

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Aims: Sexual and reproductive health (SRH) is often overlooked in the care of individuals with severe mental illness, despite national guidance from NHS England advocating its inclusion in routine mental health care. Women with psychosis are at increased risk of relapse during key life stages such as pregnancy, childbirth, and