Where Mental and Hormonal Health Meet: Improving Women's Health Care in Psychiatric Inpatients

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Aims: There is growing awareness of the complex bidirectional interactions between hormonal and mental health, with fluctuations across the menstrual cycle, perimenopause and menopause influencing the onset, severity and course of psychiatric illness. Despite this, reproductive health is often poorly assessed and documented in psychiatric inpatient settings. An initial audit across multiple inpatient wards demonstrated a substantial deficit in theidentification and documentation of reproductive health information. Our trust policy recommends that women are asked within 24 hours of admission about menstrual problems, menopause and breastfeeding; however, discussing these sensitive issues is often inappropriate or overlooked during acute psychiatric admissions. In this ongoing quality improvement project (QIP) we aim to increase awareness and detection of women's health problems in female psychiatric inpatients using a trauma-informed approach led by trained nursing staff. We hypothesised that shifting responsibility from early medical clerking to appropriately timed nurse-led conversations would be more acceptable and feasible, while improving identification of clinically relevant issues.

Methods: The QIP intervention was initiated on a single 15-bed female acute psychiatric ward. Nurses with additional training in women's health were designated as Women's Health Champions (WHCs). Their role included offering one-to-one conversations with service users when clinically appropriate, running twice-monthly educational groups, providing written information on the ward and escalating concerns to the medical team. The first Plan–Do–Study–Act (PDSA) cycle focused on assessing feasibility and uptake of one-to-one conversations over a three-week period, alongside qualitative identification of implementation challenges.

Results: During the first QIP cycle, 7 of 15 service users were deemed well enough to participate in a one-to-one women's health conversation. Three service users were offered a conversation over three weeks; two engaged in brief discussions. Barriers identified included limited nursing time, fluctuating mental state of service users and uncertainty around documentation and information-sharing. Key process issues to be addressed in future cycles: the need for thorough documentation to avoid missing 'red flags'; obtaining explicit consentto share information with the medical team, and documenting whether a service user is well enough to participate.

Conclusion: Early findings suggest that a nurse-led, trauma-informed model for addressing women's health in psychiatric inpatients is feasible but constrained by acuity and resource limitations. While uptake was limited, the project identified clear, actionable system changes to support safer and more consistent practice. These results support revising existing policy to prioritise timing, consent and documentation rather than rigid early-admission targets.

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.

Pine Ward Quality Improvement Project

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Aims: There has been a recent increase in incidents in Pine Ward at Park Royal mental health unit. Feedback from staff/patients is that they don't feel safe and there has been staff sickness due to physical aggression towards them. We proposed to do this QI project in order to improve the staff and patient safety on the ward.

The aim of this QI project was to improve safety for patients and staff on Pine Ward by 20% by end of December 2025, to reduce incidents of violence and aggression and strengthen communication and team work.

Methods: Key changes: Weekly community meeting; Improve observation of patient positive strengths; Messages in nursing station on using soft words; and Section 17 leave flow chart given to patients.

Data collection (November–December 2025)

- We reviewed patient and staff safety on ward from mid November to end of December.
- We collected data on the following questions:
  - Patient staff conflict survey.
  - Patient safety feedback form.
  - Staff safety feedback form.

Results: Patient safety improved by 25% and staff safety improved by 30%.

Incidents of Verbal aggression in day shift decreased from 4 to 2 per shift.

Incidents of Aggression towards objects in day shift decreased from 2 to 1.

Decrease PRN psychotropic use in day shift from 4 to 2.

Conclusion: Communication between patients and staff is key for safety. Community meeting is a great opportunity to explore patient ideas and can be used for education about section 17 leave.

Thinking about patient qualities and strength affect how we perceive patient as person and influence positive therapeutic relations.

Verbal aggression against staff is a key concerns and needs to be worked on. Record of incidents of aggression on datix to be reviewed in future audit.

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When Psychosis is Not Psychosis: A Quality Improvement Initiative to Reduce Delirium Misdiagnosis Across Hospital Departments

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