

primary and secondary care teams may be able to save time and resources by avoiding duplication of data.

There remains room for improvement with 16.3% of patients still without an annual ECG. This is due to accessibility and engagement difficulties for people with SMI & history of homelessness.

We propose further intervention with a portable ECG machine to improve engagement with

these remaining patients. This project is being used as a business proposal to secure funding for a portable ECG device currently.

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Quality Improvement Project to Improve Management of Disclosed Sexual Assault in the General Adult Inpatient Population

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Aims. This quality improvement project aimed to improve mental health professionals' understanding and confidence in management and support of patients in the general adult inpatient setting who have disclosed sexual assault. It also aimed to improve patients' experience of support following their disclosure of sexual assault.

Methods. Baseline knowledge and understanding was evaluated using an anonymous questionnaire sent to staff.

Stakeholders were identified from medical, nursing, police, FME and third sector agencies and patient advocacy – their expertise was utilised to develop standardised guidance.

The intervention included an education session delivered at site-wide teaching, and the creation of a procedure with associated resources for staff reference.

Teaching sessions and guidance were based on this expertise to fill knowledge gaps identified in the baseline knowledge questionnaire.

The questionnaire was subsequently redistributed and collected to analyse for an improvement in knowledge and confidence.

Results. Initial questionnaires presented qualitative and quantitative data suggesting lack of confidence and understanding of the processes involved in reporting and management of disclosed sexual assault.

Post-intervention dataset analysis shows an improvement in staff understanding, confidence and access to appropriate resources in management of sexual assault in the general adult inpatient population.

Conclusion. Prior to the project there was no protocol for the management of disclosed sexual assault in the local general adult inpatient population.

This left uncertainty amongst staff regarding the appropriate steps to take. This resulted in an increased risk of crucial time windows not being considered associated with a potential loss of evidence.

The Quality Improvement project improved staff confidence regarding management of disclosed sexual assaults thus optimising patient outcomes and experience when reporting assault.

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Meeting the Needs of Asylum Seekers & Refugees: The Norfolk Experience

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Aims. As the number of forced migrants continues to raise every year due to conflicts, wars, climate change, and other factors, mental health services need to find innovative and new solutions to meet the needs of these vulnerable groups. We present here our experience of establishing the first mental health clinic for asylum seekers and refugees in Norwich, Norfolk (United Kingdom).

Methods. The clinic was established as part of the Advancing Mental Health Equalities QI Collaborative, which the Royal College of Psychiatrists launched to reduce barriers to accessing mental health services for disadvantaged populations. QI methodology was used to promote equality, increase access and improve outcomes over the next three years.

The monthly clinic has no funding and is run by a consultant psychiatrist (Yasir Hameed) and GP (Hannah Fox). Two research assistant psychologists offered the administration support. Another assistant psychologist and two core trainees joined the small team to offer reviews and follow-ups for the patients.

The monthly clinics are based away from the mental health settings (as some patients might be reluctant to attend these clinics) and are held in a friendly well-being hub run by the MIND organisation close to the city centre, which is easily accessible.

The clinic receives referrals from primary care, social services, charity organisations (such as the British Red Cross), Well-being service (Psychological Therapies), and inpatient and Community Mental Health Teams.

The clinic aimed to offer a person-centred, trauma-informed approach and improve the communication between services (through regular meetings with various services on a monthly basis), and enable access to appropriate treatment.

In addition, the team of the clinic run drop-in session in local hotels where asylum seekers are housed to talk about mental health and access mental health services.

Finally, the clinic offered training opportunities in transcultural psychiatry and working with interpreters.

Results. Between March 2022 to January 2023, 40 referrals were received, mainly from primary care.

Nearly 20% had a diagnosis of PTSD.

We followed nearly half of these patients in the clinic in subsequent visits and worked closely with the psychological therapy to refer patients for appropriate therapies.

Conclusion. The clinic improved the access of forced migrants to comprehensive, trauma-focused mental health assessments and improved communication and collaboration amongst services. It provided training opportunities. The drop-in sessions were a great opportunity to meet asylum seekers in their accommodation. Lessons learned and full data analysis will be shared in the poster.

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