

staff and clinicians on the benefits and implementation of PIFU, as well as enhancing carer and patient advocacy.

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.

Supporting People with Intellectual Disability and Their Carers to Understand the Risk of Constipation with Clozapine Therapy Utilising a Brief Educational Tool. A Quality Improvement Project

Dr Daniel Agius¹, Dr Catherine Walton², Ms Rhiannon Lewis³, Dr Abdellatif Elkhatab³ and Mr Matthew Jones⁴

¹Cardiff and Vale University Health Board, Cardiff, United Kingdom;

²Swansea Bay University Health Board, Cardiff, United Kingdom;

³Swansea Bay University Health Board, Swansea, United Kingdom and

⁴Swansea Bay University Health Board, Rhondda Cynon Taf, United Kingdom

doi: [10.1192/bjo.2025.10457](https://doi.org/10.1192/bjo.2025.10457)

Aims: People with Intellectual Disabilities (PwID) have, on average, a life expectancy 20 years less than that of the general population. The Learning Disabilities Mortality Review found that in 23% of deaths among PwID, constipation was a long-term health problem. In the past year, Swansea Bay University Health Board's (SBUHB) Mental Health and Learning Disability Delivery Unit reported four incidents of constipation among PwID living in the community, with one fatality.

Patients prescribed clozapine are more vulnerable to constipation due to side effects. This Quality Improvement (QI) project aimed to assess the current knowledge about constipation among PwID prescribed clozapine, along with their carers, and to use a brief educational tool to address knowledge gaps.

Methods: Stakeholder analysis, fishbone diagram, and process mapping were undertaken to create a driver diagram and identify change ideas. Education was chosen as the primary driver for this project, with a focus on assessing understanding, and providing patient and carer education. The project targeted all PwID prescribed clozapine within three geographical areas: Cardiff, Swansea, and Rhondda Cynon Taf. An initial knowledge survey was administered to both patients and carers, followed by a face-to-face educational session using an Easyread leaflet. Knowledge was reassessed one week later.

Results: Seven educational sessions were held, with patients and their primary carers participating. The knowledge survey revealed that all patients understood the basic concept of constipation, but fewer understood its health risks (30%) and the recommended frequency of bowel movements (14%). Knowledge improved and was retained one week after the education session, with 60% understanding the health risks and 71% knowing the recommended frequency of bowel movements. Carers demonstrated improved knowledge, particularly in using the Bristol Stool Chart. All carers recognized the increased risk of constipation among PwID and its potential fatal consequences.

Conclusion: This project demonstrated that targeted, brief educational interventions can effectively improve the knowledge of PwID and their carers regarding the risks of constipation associated with clozapine therapy. The results emphasise the importance of accessible information and suggest that continuing education is necessary for both PwID and carers. It also highlighted the importance of a stable and educated carer workforce, with appropriate training at induction. The future

aim of the project team is to develop an online educational programme for carers about constipation, and how to seek timely and effective support.

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 Service User Satisfaction of the Therapeutic Activities Provided in a Psychiatry Intensive Care Unit

Dr Sissira Valaparambil Sivasankaran, Dr Shakir Wani and Mr Matthew Day

Norfolk and Suffolk NHS Foundation Trust, Norwich, United Kingdom

doi: [10.1192/bjo.2025.10458](https://doi.org/10.1192/bjo.2025.10458)

Aims: Psychiatry intensive care units (PICU) are therapeutic environments that care for people with the most severe mental health conditions often characterized by heightened agitation, aggression, or self-harm behaviours. It is also one of the most restrictive units. Royal College of Psychiatrists standards for psychiatric intensive care units has given emphasis on the provision of therapeutic activities. We identified the scope to improve the choice, availability and accessibility of activities provided in PICU.

Aim: of the quality improvement project is to improve the service user satisfaction of therapeutic activities provided in the PICU from 60% to at least 80% in a duration of 6 months.

Methods: The principles of Quality improvement were followed. Did a process mapping, change ideas was collected from the whole team including service users, a driver diagram was created, changes were introduced, and impact was measured through Plan Do Study Act (PDSA) cycles.

Data was collected from service users on a scale of 1 to 5 on a daily basis in community meetings. Balance and process measures data was extracted from the records. The data was plotted as a run chart.

Results: The primary outcome measure used was service user satisfaction. Balance measures used included risk incidents (abscon-sion, physical and non physical assaults, self harm and sexual offences). The process measures included occupied bed days and volume of admissions or transfers.

Service user satisfaction score improved from 3 at base line to 4.2 out of 5, soon after the launch of the project. Median of rate of risk incidents reduced from 12 to 4. There was no difference in the process measures over the project period.

Change ideas tested included improving the communication between service users and staff, improving the communication between multidisciplinary staff members, improving the interests and enthusiasm of team, maintaining the enthusiasm in the therapeutic activities for both staff and service users, improving the understanding among staff of the therapeutic activities of interest in the service users and ensuring to maintain the material resources.

Conclusion: The project fostered a multidisciplinary approach, involving collaboration among psychiatrists, nurses, social workers, occupational therapists, service users and other allied health professionals. There was an inertia to initiate therapeutic activities in the ward, the project has helped to break this and the stereotypes about who needs to take initiatives on providing therapeutic activities.

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.