

information on template during induction for doctors and organize training sessions on three sites.

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Increased Violent Incidents During COVID-19 on Male Acute Psychiatric Ward

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Aims. This is an audit evaluating the impact of inpatient COVID-19 restrictions on the frequency of recorded violent incidents on a male acute general psychiatric ward. The aim of this study is to compare the frequency of violent and disruptive behaviours between pre-COVID-19, COVID-19 and post-COVID-19 periods on the ward.

Methods. Inpatient adverse incidents on the ward are logged into an electronic system as 'IR1' (Incident Reporting) through Ulysses by healthcare professionals. Data on logged incidents between April 2019 and March 2022 were obtained by contacting the Ulysses technical team. The reported incidents were classed into 'disruptive behaviour', 'violence to patient' and 'violence to staff'.

We chose to focus on the IR1s submitted between three twelve monthly time periods: Pre-COVID-19 (April 2019–March 2020), COVID-19 (April 2020–March 2021) and Post-COVID-19 (April 2021–March 2022). We opted for these cut off periods to be in line with the local trust guidelines with respect to COVID-19 restrictions.

Results. Out of 155 incidents which occurred during pre-COVID-19 period, 38 incidents were disruptive behaviours, 24 were violence to patients and 93 were violence to staff. Of the 249 incidents during COVID-19 period, 66 incidents were disruptive behaviours, 46 were violence to patients and 137 were violence to staff. Of the 216 incidents during post COVID-19 period, 67 cases were disruptive behaviours, 53 were violence to patients and 96 were violence to staff.

There was 74% increase in disruptive behaviour between pre-COVID-19 and COVID-19 phase but no increase between COVID-19 and post-COVID-19 phase.

There was a 92% increase in violence to patients between pre-COVID-19 and COVID-19 phase and a 15% increase between COVID-19 and post-COVID-19 phase.

There was a 47% increase in violence to staff between pre-COVID-19 and COVID-19 phase, but a 30% reduction between COVID-19 and post COVID-19 phase.

Violence to staff makes up the highest proportion of violent incidents recorded, followed by disruptive behaviours and violence to patients. This trend was seen in all three time periods.

Conclusion. Our study showed that violent incidents in a male acute psychiatric ward increased during COVID-19 period when compared to pre-COVID-19 period. This could be explained by increased ward restrictions and difficulties in communication related to PPE use. Further studies would need to be conducted looking at trend in other services within the Trust. Our findings will be of importance in monitoring risks in similar circumstances in the future.

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An Audit Exploring Ethnic Inequalities in Accessing Perinatal Mental Health Services in Southwark

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Aims. Women from Black and minority ethnic backgrounds have been shown to experience an increased burden of common post-natal mental health conditions and higher rates of involuntary admissions. However, evidence demonstrates disparities in these women accessing perinatal mental health support. Reasons behind barriers to access must be defined and addressed. Our aim was to explore ethnic inequalities in accessing Perinatal Mental Health Services in Southwark (SWK PMHS). We hypothesised that SWK PMHS would meet Royal college of Psychiatrists (RCPsych) gold standards in providing equitable access to care.

Methods. The Trust's local clinical database was used to extract our cohort of women aged 15–44 years with a birth episode in contact with SWK PMHS between September and December 2021. Individual data were collected via local clinical notes system to establish basic measures (demographics and ethnicity) and detailed information (referral outcome, interventions, safeguarding etc). Ethnicity data were compared to King's College Hospital birth records for 2021 and local census data via Office of National Statistics.

Results. 105 patients were analysed in total. Overall, there was poor recording of ethnicity and 6.6% of referrals had no ethnicity documented at all. At the point of referral, there was no clear inequity based on ethnicity, with data appearing reflective of local census and maternity records. However, there were concerning inequities in treatment received by women in minority ethnic groups. Out of four hospital admissions in total, three (75%) of the women were from a Black ethnic group and all were detained. There were fewer referrals for psychology intervention for women in minority ethnic groups compared to women in the White ethnic group, with particularly low numbers of referrals for women in Asian and Mixed ethnic groups (2/35 women). 83% of all anti-psychotics prescribed (5 out of 6) were to women from the Black ethnic group with the remainder being women in the White ethnic group. There were 31 safeguarding alerts, with almost half (48%) from women in the Black ethnic group.

Conclusion. There were concerning variations in interventions and type of care received by women from minority ethnic groups. Women from Black and minority ethnic groups were underrepresented in accessing psychology intervention though conversely overrepresented for antipsychotic treatment, safeguarding alerts and involuntary admissions.

This suggests that contrary to our hypothesis, SWK PMHS is not meeting RCPsych Gold Standards. Our audit findings reflect literature that there are apparent barriers to women from ethnic minority groups accessing certain specialist mental health services.

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