

Conclusions: It is concluded that the transition environment for HE is complex and impactful for students, so it is essential to develop facilitating strategies in order to reduce the impact of stress-inducing factors and emotional exhaustion in this population.

Disclosure of Interest: None Declared

EPP0734

A randomized controlled trial on the effect of parenting intervention through “Care for Child Development guideline” on early child development and behaviors

R. Kelishadi* and O. Yaghini

Isfahan University of Medical Sciences, Isfahan, Iran, Islamic Republic Of

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1025

Introduction: It is suggested that parenting intervention programs can play a core component in early child development. Given the limited healthcare resources in developing countries, a group design intervention might be cost-effective.

Objectives: Our objective was to assess the effect of parenting interventions in a cost-effective setting through group sessions CCD interventions on children’s development and behaviors in a non-Western, low/middle income country.

Methods: This randomized controlled trial was conducted in a public Pediatrics clinic in Isfahan, Iran. We included 210 pregnant women in their third trimester, and then followed their children for 18 months. The intervention group underwent 5 educational group sessions. The main outcomes were the children’s development and behaviors based on Bayley Scales of Infant and Toddler Development-III (BSCID-III) at 12 months and Children Behavior Checklist (CBCL) at 18-month of age.

Results: Data of 181 children were analyzed (80 in the intervention group and 101 controls). The adjusted median differences were significantly lower in the intervention group than in controls for attention problems (-3.38; SE=1.59; P=0.035), anxiety problems (-2.28; SE=1.03; P=0.007) and pervasive developmental problems (-5; SE= 1.16; P<0.001) based on CBCL results. However, the difference of proportions was not significant in none of the BSCID-III domains in the intervention and control groups.

Table 1- Results of BSID-III in intervention and control groups at 12 months of age^a

	Intervention (n=80) Median (IQR)	Control (n=101) Median (IQR)	P	Adjusted median differences ^b Coefficient	SE
Cognitive score	105 (100-115)	110 (100-120)	0.099	-4.22	2.51 0.095
Language score	112(103-118)	112(103-118)	0.444	-1.92	2.52 0.446
Motor score	103(97-110)	107(91-112)	0.957	-1.09	2.41 0.652

Conclusions: We found that parenting interventions through CCD group sessions were significantly effective on several child’s behavior domains, but not on children’s development. Future longitudinal studies are necessary in this field.

Disclosure of Interest: None Declared

EPP0735

Quality Improvement Project to Improve Communication with Patients in Relation to Section 136 (s136) Detention in St Mary’s Hospital A&E

S. K. Ghaznavi^{1*}, I. Ayeni² and P. Kulkarni²

¹Liaison Psychiatry, Imperial College Healthcare NHS Trust and

²Liaison Psychiatry, CNWL NHS Trust, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1026

Introduction: We have observed an increase in the number of patients detained under s136 of the Mental Health Act (MHA) within our emergency department. Patients are often transferred to the emergency department as an alternative place of safety. Many of these patients are provided very little information about the detention and the process of assessment. Best practice states that all patients should be provided written information. Currently, there is no such written information available with our emergency department or within the psychiatric liaison team in St Mary’s Hospital.

Objectives: We aim to produce a user friendly information leaflet which will be distributed to all patients brought into the A&E department under s136. We aim to improve provision of written information from 0% to 50%.

Methods: We aim to complete this project in three stages: Stage 1: involvement of service users using the trust Expert by Experience Forum. We will co-produce a clear and user friendly leaflet detailing information pertaining to s136 and the process of assessment.

Stage 2: Once the leaflet is finalised, we will involve colleagues within the emergency department to ensure that there is an effective system which will ensure adequate distribution of the leaflet.

Stage 3: Once the leaflet is incorporated into our clinical practice, we will audit its distribution.

Results: We will upload the finalised leaflet. We will also assess a random selection of notes from November 2022 to March 2023 to assess % of patients provided with written information.

Conclusions: This project will result in co-production of an information leaflet for patients detained under s136 of the MHA. As such, we will aim to inform and improve the process for patients presenting to St Mary’s Hospital under the MHA.

Disclosure of Interest: None Declared