and UK Government guidance, including ensuring patients receive sufficient information about risks, benefits, and the unlicensed nature of treatment. Locally, Trust policy (MMP39) and the Pan Mersey Shared Care Agreement require explicit documentation of informed consent before prescribing responsibility is transferred to primary care. Within LLAMS St Helens, documentation of consent for off-label prescribing has been inconsistent, and capacity assessments have not always been decision-specific. This project aimed to evaluate current practice and improve the recording of informed consent, capacity, and best-interests processes for patients with VD prescribed antidementia medication.

**Methods:** A retrospective review of clinical records was conducted for all patients diagnosed with VD and prescribed antidementia medication up to 15 March 2025. Data were extracted from RiO consultation notes, MDT records, and prescription summaries, focusing on documentation of consent, capacity, and risk/benefit discussions. Findings were presented to the LLAMS team, followed by an educational workshop reinforcing best practice and the need for explicit off-label consent. A prospective reaudit was completed from March to November 2025 to assess the impact of the intervention.

**Results:** Cycle 1 (Pre-intervention): Forty patients were reviewed; 30 were prescribed antidementia medication. Of these, 6 (20%) had documentation confirming they were informed about off-label use, 18 (57%) had capacity recorded, and 25 (83%) had a documented risk/benefit discussion.

Cycle 2 (Post-intervention): Forty-one patients were reviewed, of whom 10 were started on antidementia medication. Six of these patients commenced treatment after the educational intervention. Among this group, capacity was documented in all cases (100%), with each recorded as lacking capacity. Risk and benefit discussions with next of kin were documented for 5 patients (83%), and 5 patients (83%) were informed about the off-label or unlicensed nature of treatment.

Compared with Cycle 1, documentation of off-label consent improved from 20% to 83%, and decision-specific capacity recording increased from 57% to 100%, indicating a positive shift in practice following the intervention, although documentation remained variable overall.

**Conclusion:** This project demonstrates that while risk/benefit discussions are generally well recorded, explicit documentation of off-label consent and decision-specific capacity assessments remains inconsistent. Early improvements following education suggest that structured prompts, enhanced MDT communication, and strengthened GP correspondence may support sustained change. Embedding a consent checklist and ongoing reauditing will help ensure transparent, patient-centred, and legally robust prescribing within LLAMS.



## Zero Suicide Campaign: Establishing a National Suicide Prevention Hotline in Conflict-Affected Myanmar

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**Aims:** Following the military coup in February 2021, Myanmar has experienced widespread human rights violations, insecurity, economic hardship, and disruption of essential services, resulting in a substantial deterioration in population mental health. Media-reported suicides have increased, alongside rising mental health presentations within TeleKyanmar, a nationwide telemedicine service operating under the Ministry of Health, National Unity Government (MOH-NUG). In response, TeleKyanmar launched the Zero Suicide Campaign (ZSC), Myanmar's first national suicide prevention hotline, in September 2023.

The primary objective of ZSC is to reduce suicide risk through timely crisis intervention. Secondary objectives include narrowing the mental health treatment gap and facilitating rapid referral to appropriate mental health services for individuals at risk.

**Methods:** The preparation phase (December 2022–August 2023) involved multi-stakeholder consultation with mental health and MHPSS experts, followed by three rounds of virtual suicide prevention training (April–June 2023). A total of 168 Civil Disobedience Movement (CDM) professionals completed foundational training, from whom 50 were selected for advanced applied training. The applied programme comprised 24 hours of structured teaching and supervised skills practice, focusing on suicide risk assessment, safety planning, empathic listening, crisis hotline ethics, and operational challenges.

The hotline was launched on World Suicide Prevention Day (10 September 2023) using the Telegram platform. It operates seven days a week across two daily shifts, with three parallel lines. Trained volunteers provide crisis support, supported by live and bi-weekly psychiatric supervision. Standard Operating Procedures guide case management and referrals. Suicide risk is assessed using the Columbia Suicide Severity Rating Scale (C-SSRS) and safety planning is conducted using the Stanley–Brown Safety Plan.

**Results:** Currently, 41 trained volunteers provide the service. Individuals assessed as medium or high suicide risk are referred to TeleKyanmar mental health clinics within 24–72 hours, while those at lower risk are signposted to community-based online counselling services. The hotline enables anonymous, stigma-reduced access and functions as an effective gateway into structured mental healthcare.

**Conclusion:** The Zero Suicide Campaign represents a scalable, low-cost public health intervention in a conflict setting. It provides immediate crisis support, reduces barriers to care, and strengthens suicide prevention pathways within a disrupted health system. The model demonstrates how telemedicine-linked crisis services can mitigate suicide risk in humanitarian emergencies.

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## Building Community and Belonging: Launch of the First Face-to-Face International Medical Graduate (IMG) Networking Conference in the West Midlands

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**Aims:** This inaugural face-to-face IMG conference aimed to foster belonging, strengthen peer connections, and provide a supportive