

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.

RCPsych MTI Scheme; Cultural Differences in Psychiatry Training Among MTI Fellows From Low and Middle-Income Countries in the UK

Dr Razrin Razak^{1*} and Dr Praveen Kumar²

¹Oxford Health NHS Foundation Trust, Aylesbury, United Kingdom and ²NHS Highland, Iwerness, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.387

Aims. The Royal College of Psychiatrists' Medical Training Initiative is a scheme aimed at psychiatrists from lower and middle-income countries to work and train in the National Health Service (NHS) UK for up to 2 years before returning to their home countries. They came from various countries and cultural backgrounds, however, there is a lack of study being done on how these cultural differences and experiences are impacting the newly recruited MTI fellows while working in the UK at a CT3 level. In this study, we distributed a brief questionnaire to the 2022 Rcp psych MTI trainees cohort to explore the sociocultural differences between working in the NHS and their home countries and surveyed the things that could be improved within the MTI scheme.

Methods. Royal College of Psychiatrists MTI Fellows from various backgrounds and countries participated in a survey between December 2022 and January 2023. The survey consisted of open-ended and closed-ended questions about the differences in psychiatric practices from their home countries alongside cross cultural differences while working in the NHS.

Results. The response rate was 55% from five different countries; Egypt, Malaysia, Nigeria, Sudan, and Turkey. The majority of the participants have worked in the UK under the MTI scheme for more than 3 months and reported that English is not a widely spoken language in their countries of origin. 72.8% of respondents find it easy to incorporate their skills and knowledge in the UK despite the linguistic, cultural and mental health act differences while 72.7% of the fellows reported that psychiatric patients' presentations are similar between their home countries and the UK. There is also a bigger mental health stigma reported in their home countries. It appears based on experiences in their home countries, culture indeed plays a major role in mental illness and treatment. Besides that, 72.8% of respondents are satisfied with the MTI scheme while 81.9% of them would recommend this scheme to others. Some of the respondents recommended for introductory course about the mental health system in the UK and the mental health act before starting the scheme.

Conclusion. There are cultural and linguistic differences impacting the experiences of newly recruited MTI fellows in the UK. There is room for improvement to bridge the sociocultural gaps for the MTI Fellows to improve their experience and service provision.

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.

Social Capital for Caregivers of Children With Neurodevelopmental Disorders in Kumasi, Ghana; a Multidisciplinary Approach to Patient and Caregiver Wellness

Dr Ruth Charlotte Sackey^{1*}, Dr Pearl Adu-Nyako¹, Dr Leah Ratner^{2,3} and Dr Angela Osei-Bonsu⁴

¹Komfo Anokye Teaching Hospital, Kumasi, Ghana; ²Boston Children's Hospital, Boston, Massachusetts, United States of America; ³Harvard Medical School, Cambridge, Massachusetts, United States of America and ⁴Yale University, School of Medicine, Department of Pediatrics, New Haven, United States of America

*Corresponding author.

doi: 10.1192/bjo.2023.388

Aims. To demonstrate the role of psychosocial support groups in providing social capital for caregivers of children with neurodevelopmental disorders as an integral part of service delivery.

Methods. A descriptive prospective pilot study was conducted at the child neuropsychiatric joint clinic of the Komfo Anokye Teaching Hospital. A support group was initiated for caregivers of children attending the clinic, with the support of a multidisciplinary team of two psychiatrists, a paediatric neurologist, nurses, a clinical psychologist, an occupational, art, and speech therapists. Fifty (50) caregivers enrolled in the support group. A total of three face-to-face psychoeducational sessions, monthly Whatsapp discussions on topical issues of interest to caregivers and an outdoor social event were conducted over a period of one year. During sessions, healthcare providers provided psycho-education about illness management and coping skills for caregivers. Caregivers shared their experiences for the purposes of peer-peer learning and peer support. Information was gathered from caregivers on their psychosocial needs through open forum discussions and a questionnaire administered needs assessment. A retrospective evaluation of the support group intervention among caregivers was carried out using a mixed method, after a year's participation in the support group.

Results. From pilot observations of 30 of the caregivers who completed the evaluation, 85% rated the support group as highly beneficial, 10% rated as beneficial, and more than 95% of them will recommend the service to other caregivers. Caregivers perceive support groups as providing a forum to empower providers to educate caregivers about their well-being, de-stigmatize mental health, and strengthen the trust between caregivers and providers. They may also provide increased opportunities for respite and relaxation.

Conclusion. There must be improved social capital for caregivers of patients with chronic illnesses, with emphasis on coping during periods of stress and change. Caregiver and peer support groups are critical to improved psycho-social well-being and smooth service delivery for children with neurodevelopmental disorders and their families.

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.

Learning From Existing Services: Developing an Intensive Outpatient Services for Children and Adolescents With Eating Disorders

Dr Katie Salucci^{1,2*} and Dr Erica Cini^{3,1}

¹East London NHS Trust, London, United Kingdom; ²Great Ormond Street Hospital NHS Trust, London, United Kingdom and ³Department of Child & Adolescent Psychiatry, Institute of Psychiatry, Psychology & Neuroscience King's College London, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.389

Aims. Gain an insight into learnings/pitfalls that existing services have met whilst setting up/running intensive outpatient pathways/ services (IOS).

Methods. 4 Focus Groups (FGs) were conducted virtually through MS Teams from December 2022- January 2023 of duration 90 minutes each for health professionals involved in a leadership role in IOS pathways across England. The FGs were recorded with participant consent, transcribed and analysed with an inductive approach for thematic analysis.

Results. 4 main themes emerged including (i) patient and (ii) team considerations, (iii) approach and (iv) commissioning. A key sub-theme emphasised the importance of flexible and creative approaches in IOS to supplement existing evidence base therapies as well as the importance of a well-rounded MDT approach with good communication across the board. Key set-ups include: enhanced outpatient offers, home treatments, in-reach, and hybrid.

Conclusion. Intensive outpatient services for EDs allows an enhanced community offer that is needs led and flexible and individualised approach.

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.

A Service Evaluation and Improvement Project: Outcomes of Referrals From Prison to the Male Psychiatric Intensive Care Unit (PICU) in Kent

Dr Shantala Satisha*, Dr Jenny Dunn, Dr Francis Felix and Dr Vijay Delaffon

Willow Suite PICU, Littlebrook Hospital, Dartford, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.390

Aims. Aims: The project aims to evaluate the referrals from prison services for admission to our PICU from June 2020 to October 2021. Hypothesis: We expect referrals to come from multiple sources with variable timeframes for assessment. For those admitted to PICU, we expect delays in transfer out of PICU with increased PICU length of stay. We believe this to be secondary to lack of an established protocol for this pathway. Background: Our single 12 bedded male PICU in the trust has seen increased demands on its beds for prisoners requiring admission to mental health services. While PICU beds can meet the low secure requirements for prison transfers, they cannot function as forensic low secure beds due to their role within Acute services. With the increased number of referrals and the lack of a clearly defined pathway for these prison transfers, there was a risk of erosion of PICU philosophy aiming for discharge at the point when intensive care was not required, i.e increased length of stay.

Methods. Data were collected for all referrals from prison services to the male PICU between June 2020 and October 2021, recording the demographics, clinical information and timeframes for assessment. For those admitted to the PICU, percentage meeting the PICU criteria, admission-discharge pathways, serious untoward incidents and delays in transfer were recorded.

Results. There were 22 referrals from prisons, of which 11 (50%) were admitted to the male PICU. The referrals came from multiple sources with poor coordination between the PICU, forensic and prison services with delays in assessment. 100% of the admissions met criteria for PICU. There were 2 serious incidents related to security levels of the environment. The pathway out of PICU included prison, forensic services and acute wards. Over half the patients were downgraded to non-restricted detentions and stepped

down to acute beds. There was a delay in transferring out of PICU in 36% of the patients leading to increased length of stay.

Conclusion. In conclusion, the data support our initial concerns that there is a need for a protocol guiding the transfer of prisoners to our PICU for treatment. This has led to discussions to develop such a protocol with close collaboration between prisons, forensic services and PICU. We hope this will lead to a much smoother process from having a single point of referral, timely assessments and decisions making, better defined exit pathways with less delays in transfer from PICU.

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.

A Qualitative Evaluation of the Quality of Assessments for the Psychological Medicine in Primary Care Service: A Patient Perspective

Dr Zahra Patel¹, Dr Fiona Shaw^{2*}, Dr Oluwatoyin Aliu¹, Dr Claire Moffat² and Dr Mustafa Alachkar³

¹Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom; ²Pennine Care NHS Foundation Trust, Manchester, United Kingdom and ³Merseycare NHS Foundation Trust, Liverpool, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.391

Aims. Background: Psychological Medicine in Primary Care, Stockport works with people with persistent physical symptoms and personality difficulties whose psychological needs cannot be met by existing services due to complexity. The service views the assessment process as a therapeutic intervention in its own right and utilises a relational, formulation-based approach over 2 to 5 sessions. A letter including this formulation is sent following assessment to both the patient and their GP.

Aims:

1. To evaluate the quality of the assessments from a patient perspective.
2. To improve the quality of the assessments in order to improve patient care and the support offered to patients.

Methods. A short questionnaire with open questions was created. Thirty-two patients assessed by the service took part in semi-structured interviews by means of a short telephone discussion after consent was taken. Three independent investigators reviewed their responses and performed thematic analysis, using an inductive and recursive approach.

Results.

Theme 1: The understanding of the service and awareness of the referral affects the perception of the assessment.

Theme 2: There can be therapeutic gain in the assessment process, which appears to be mediated by the relationship with the assessors including:

- Emotional catharsis
- Having a wider perspective of personal issues
- Developing new coping mechanisms
- Regaining a sense of agency
- Gaining a sense of hope
- Developing a better understanding of emotions
- Having a different experience to past encounters with mental health services