

substantially increasing their relapse risk. Subcutaneous Long-Acting BUP (SC LABUP) injectable formulations have been associated with improved access, less burden of adherence, and greater abstinence in OUD patients. From this perspective, the OUD program at Erada Center maintains affected individuals on weekly or monthly SC LABUP injections. Our study aims to evaluate abstinence and treatment retention in Erada Center patients who are maintained on LABUP injections.

Methods. We conducted a retrospective cohort study of all individuals following at Erada Center from January 2023 until January 2024, who were maintained on weekly or monthly LABUP injection. 174 individuals were identified, with diagnosis of OUD as per ICD-10 criteria, and receiving LABUP injection during inpatient admission or outpatient follow up. Primary outcomes were abstinence period (defined as negative urine drugs test apart from q-BUP), and retention in treatment (defined as compliance with attendance with OUD program). These were assessed at three time intervals: 24, 36, and 48 weeks from taking the first LABUP injection.

Results. 174 individuals were maintained on LABUP injection. Participants were all males, aged 18–65 years old, and polysubstance users with opioids being their drug of choice.

70 patients completed at least 24 weeks and received at least 2 doses of LABUP. Out of those, 53 achieved full abstinence and retention in 24 weeks (75.71%), 32 patients achieved the same for 36 weeks (45.71%), 25 patients achieved the same through 48 weeks (35.71%). Reasons for being lost to follow-up included relapse, incarceration (military service or custodial sentence), or drop out for no identifiable reasons.

Conclusion. To the best of our knowledge, this is the first study in the UAE and Arab world looking at the outcomes of individuals with OUD maintained on LABUP injection. Results highlight a notable abstinence and retention rates as above. Further studies should look at reasons for relapse and loss for follow-up.

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A Cross-Sectional View on the Comprehensive Multi-Disciplinary Model of Care for a Peri-Natal Mental Health Service Within a Tertiary Women's Hospital in Western Australia

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Aims. King Edward Memorial Hospital (KEMH) is the largest tertiary women's hospital in Western Australia and a tertiary referral center for complex pregnancies, for example, adolescent pregnancies (12–19 yr olds), pregnancies with obstetric complications or fetal anomalies, statewide drug and alcohol antenatal service and preterm births. With 6000 births annually, this women's hospital does not only provide obstetric care, but also looks after gynecology, oncology and chronic pain patients. We would like to share the model of care for our women's mental health service which provides statewide Childbirth and Mental illness (CAMI) service looking after women with chronic enduring mental illness, statewide drug and alcohol antenatal service (WANDAS), adolescent model of care and our service for all other women

attending this tertiary hospital within a unique consultation liaison model.

Methods. Our team comprises 3.0 full time consultant psychiatrists, 2 Psychiatry trainee registrars, 5 clinical psychologists, 2 triage nurses and administrative staff. In total, we had 1959 referrals to our service in 2022–23 financial year. These women had varying amount of input from our service during their treatment in hospital: one assessment with advice and signposting to brief therapy, up to a fully comprehensive Multidisciplinary Team (MDT) care as provided by an adult community mental health service. In addition to comprehensive assessment, MDT interventions include risk assessment, pharmacological interventions, psychological interventions, working alongside child protection services, infant mental health and attachment work.

Results. Our most common diagnostic categories included post-traumatic stress disorder (10%), adjustment disorders (10%) followed by Generalized anxiety disorder and recurrent depressive disorder (6% each). Our key performance indicators include: number of consumers (541 in 2022–23) that received comprehensive intervention from us in last 12 mths, consumer and carers' feedback and rate of completion of outcome scale at point of admission and discharge from service. These figures have remained consistent for the last 5 yrs.

Conclusion. Our hybrid model of care is unique as it incorporates a consultation liaison and a community mental health care model for women attending our hospital. This allows us to provide a safe, specialized, timely service to women in their most vulnerable period of life.

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The Evaluation, Review, and Recommendations, Regarding Referrals to a West Yorkshire Specialist Forensic Community Team

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Aims. In the United Kingdom Specialist Community Forensic Teams (SCFT) are a new national development, aiming to enable and support earlier discharge from secure hospitals, and provide treatment to patients on a forensic pathway, in a community setting.

This project's ambition was to yield data to support future development of the service. The following research question was developed, as a focus for the project:

In order for patients to be cared for as close to home as possible and for forensic services to reduce the length of inpatient stay, when should a patient be referred to a Specialist Forensic Community Team?

Methods. The project was accepted by Cardiff University and South West Yorkshire Foundation Trust as a service evaluation.

The project methodology considered the impact of trauma throughout, given the forensic setting and high prevalence of trauma in individuals accessing forensic services.

A questionnaire was developed, which covered several relevant themes regarding the service, including the research question, and

was distributed to patients, professionals, and referrers, either using, or associated with the team.

The total number of participants recruited was $n = 45$. These were made up of service users ($n = 17$), referrers to the service ($n = 10$), and other professionals ($n = 18$).

Results. Participants felt they understood the purpose of the SCFT, placed importance on being involved in service evaluation, and were confident their responses would influence service development.

Reasons to refer to the SCFT were the perceived helpfulness of the team, supporting transitions, risk management, teamwork, therapeutic alliance, quality, and clinical knowledge.

Results favoured multi-disciplinary team agreement as being an important factor in the timing of SCFT referral. Upon admission, or granting of unescorted leave, were also cited as appropriate times to refer to the service. Clinically appropriate timing, individual needs, and service user motivation were additional indicators for SCFT referral.

Conclusion. The West Yorkshire SCFT offers previously unavailable pathways from secure services into the community. The clinical model uses a trauma-informed, formulation-driven, collaborative approach to care, treatment, and risk management, which participants found favourable. Improved community pathways and connections offer a sense of improved hope, and a feeling of being helped, which is supportive of personal recovery.

There are recommendations which suggest that a community pathway agenda, embedded into services from admission, will support clinically appropriate timing of SCFT referral, and should be a decision which is made collaboratively, with patients, carers, and the multidisciplinary services around them.

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Service Evaluation of a Boxercise Programme in an Inpatient Rehabilitation Setting

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Aims. We undertook a service evaluation obtaining feedback from service users in an inpatient rehabilitation setting about a weekly Boxercise class. The aim was to assess the experiences of service users, and the role it has in their recovery.

We hypothesised that the class would be well received by service users in aspects of enjoyment, impact on biopsychosocial wellbeing and recovery based on positive comments made by service users.

There is an increasing trend to utilise physical activity as an adjunct to improve mental health within healthcare settings; to increase motivation, educate on healthier lifestyles and to enhance well-being outcomes. This Boxercise programme has been developed by the Healthy Living Advisor within the rehabilitation inpatient facility at Leeds and York Partnership Trust. The programme has run for one year, and there has been a large uptake of service users who participate in the group. The Boxercise classes aim to encourage discipline, communication, spatial awareness, and cognitive skills in a modality that is interesting to service users.

Methods. Service users who are regular participants in a Boxercise programme at an inpatient rehabilitation centre completed a questionnaire. A five-point Likert scale assessed participant views across seven domains. Participants were then asked to write three words that describe their feelings about the Boxercise programme, complete a drawing showing their thoughts after a Boxercise class and provide suggestions for improvement.

Results. Eleven participants completed the questionnaire. Average scores for the domains were as follows: enjoyability 4.45/5 (89%), physical health 4.55/5 (91%), mental health 4.27/5 (85%), recovery 4.09/5 (82%), socialising 3.91/5 (82%), safety 4.64/5 (93%), continue after discharge 3.36/5 (67%).

The 'three words' were put in a word cloud generator with highest weighted words: 'Fun', 'Good', 'Energetic', 'Confident'.

Common themes from the pictures shown were smiling faces and 'strongman' images.

Six participants gave feedback that more equipment (pads and gloves) would help to improve their experience in the classes.

Conclusion. The Boxercise programme received positive feedback from participants that aligns with the hypothesis; particularly in safety, enjoyability, benefit to physical health and benefit to mental health.

The participants had positive views on the class as an adjunct to the management of their physical and mental wellbeing. The feedback from all the participants is that they felt safe during the classes.

This service evaluation indicates that the participants value the Boxercise classes as an enjoyable activity and as an adjunct to their treatment.

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Mind Over Menopause: Bridging the Gap in Mental Health Care

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Aims. The effect of menopause on mental health is increasingly well recognised. Studies assessing peri- and post-menopausal women report higher incidences of depression and anxiety. Without recognition and treatment, the negative impact on mental health during menopause can lead to long-lasting effects on quality of life. NICE and the British Menopause Society (BMS) guidelines recommend cognitive behavioural therapy (CBT) and an individualised approach, for women experiencing depression and anxiety as a result of menopause. The aim of this project was to collect data relating to the provision of mental health interventions (and how they are accessed) for women seeing menopause specialists across the UK. This data can then be used to inform and promote improvements in the delivery of care for menopause mood symptoms.

Methods. An expert panel of psychiatry, gynaecology and general practice clinicians designed an online survey which considered