There was a significant difference between gender regarding age (males: mean 43.91 years, SD 18.88; females: mean 52.48 years, SD: 15.9), being the males who used the phoneline younger (t:23.75; p <0.000). 54.2 % of the users lived with a significant other. Crisis resolution represented 12.6 % of the sample, request for information 34.4%, psychosocial interventions 47.6% and, reconnection with former Mental Health Team 4.3%. New referrals for treatment were 2.9% of the total calls. Two main negative affects the74.2% of the total affect reported. Anxiety-Fear accounts for 49.3% of reported feelings and depression a 24.9 %.
Conclusion.

Coping with and management of COVID-19 restrictions within the secure and forensic inpatient setting - a patients' and carers' perspective

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Aims. To seek patients' feedback on their wellbeing and the service adaptations during the COVID-19 pandemic

To obtain carers' views on service adaptations during the COVID-19 pandemic.

To establish impact on patients' wellbeing and progress in the context of COVID-19

Background. The COVID-19 pandemic resulted in unprecedented challenges faced by healthcare systems worldwide. Public Health England (PHE) provided guidance to manage the spread of the virus. In response to the national lockdown, the Forensic Healthcare Service part of Sussex Partnership NHS Foundation Trust (SPFT) took measures that were considered necessary to prevent the risk of spread to patients and staff.

Restrictions necessary to contain the virus included immediate suspension of all patients leave except emergency leave, suspension of visits by family members and professionals including legal visits and restrictions on multidisciplinary (MDT) members physically present on the wards. It was necessary to adapt our existing model of care to reflect and represent the challenges faced by such restrictions.

A service evaluation project was undertaken to ascertain the patients' and carers' perspectives of the management of restrictions.

Method. Standards

It is noteworthy that no service standards in the context of this unique global pandemic were available internationally, nationally or regionally at the time of undertaking the project.

Methodology / Data collection

An anonymous patient feedback questionnaire was developed to collect data on voluntary basis from all the inpatients within the secure and forensic CDS. Patients' feedback was broadly divided in to three sections 1) personal factors, 2) satisfaction with access to information and 3) satisfaction with services to include mental and physical well-being.

Patients' feedback was collected during a 6-week period. For observation purposes, risk comparison anonymous data were also collected. Informal Carers' feedback was collected with regard to virtual visits.

Result. During the data collection period 99 out of 105 beds were occupied. The response rate was 49% (49 responders).

Overall 73% of responders expressed that their mental health was affected. Approximately 51% of responders expressed that progress towards their discharge was very much affected. 91% of responders were not coping well with the new circumstances

Overall, carers' feedback was positive in regard to provision of virtual visits.

Conclusion. Our survey has shown that the necessary COVID-19 pandemic restrictions have in some domains resulted in a negative impact on patients' mental wellbeing and progression. However, it also identifies positive areas of new practice, which have been maintained by the service.

Reviewing suitability of Essex Partnership University Foundation NHS Trust out of area locked rehab placements

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Aims. To look at 14 EPUT out of area patient profiles, map their journey to the current locked rehab placements -To review the appropriateness of placement of 14 patients through reviewing whether the care provided is achieving the rehabilitation goals.

To look at patients' needs and whether the local alternatives can provide the care

Background. Rehabilitation services aim to help complex General Adult Mental health patients reintegrate in the community by promoting independent living skills. Some complex mental health patient's care needs mandate a specialist rehabilitation services. Currently there has been a nationwide shortage of local rehabilitation services. This resulted in placing complex needs patients out of area in locked rehabilitation hospitals and miles away from their local community connections. Families and local community team providers travel miles to keep in contact with their complex need persons. The NHS five year plan includes minimizing the current out of area placements and for local services to work together as per CQC recommendations to work together and bring those individuals closer to home.

Method. We designed a tool and examined the electronic records for all 14 out of area placed patient profiles, mapping their clinical journey and reviewing whether the care provided is achieving the rehabilitation goals.

Result. (N = 14), Patient profiles: 78.5% had residual symptoms (Psychotic symptoms 85%). Patient's Illness profile; treatment resistant with residual symptoms in 71.4% and 7% had comorbid illicit substance misuse, other illness profiles 21.4%. History of alcohol and illicit drug misuse was present in 78.5% and 45% of them were using illicit substances more than 5 years. .patients' risk profile revealed 86.7% had history of non-compliance. Attempted suicide 21.4% has attempted suicide at list once in which 1/3 of them had more than one attempt. 64.3% Had positive history of offending behavior. All patients in the sample had history of violence 85.7% had risk of vulnerability and self-neglect, 28.5% has history of carrying weapons, 35.7 had a previous Custodial sentence. Average Duration of illness average 16.7 years, average distance from home was 149 miles though clozapine was considered in 92.8% only 35.7% of sample was on clozapine, and the other 64.3% were on combinations. Only 35.7% were on depot.

Conclusion. There is a need for expert input for advice regarding complex Management of residual symptoms and rehabilitation needs in the community. Health and social care joint working is needed.