

Results. The service launched in March 2023 with 100 referrals in the first 9 months.

35 patients have completed Tier 1, taking between 2 and 6 months to complete.

Patients who completed Tier 1 showed clinically significant reductions in psychological distress and improvements in global functioning, quality of life and perceived mental health difficulties.

These were statistically significant at $p < 0.001$ for all measures (EQ5D, ICECAPS, WSAS, CGI, PRO, CORE-10) ($28 < n \leq 34$).

Conclusion. Rates of retention in treatment are greater than expected amongst this complex client group and the significant global improvements support the notion that those on LAIB present with increased stability and ability to engage in therapy, and that a tiered flexible approach to therapy can promote psychological safety and engagement and sustained recovery.

We propose that a tiered trauma-focused psychology service is well placed to meet the needs of people on LAIB and should be a core component of LAIB treatment in the UK.

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An Evaluation of the Costs and Benefits of the New Psychological Support Service for Patients On Long-Acting Injectable Buprenorphine

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Aims. Long-acting injectable buprenorphine (LAIB) is an opiate substitution therapy which controls cravings and other symptoms for at least 28 days. Using this medication eliminates daily visits to the pharmacy, the risk of deviation or overdose from OST and death from overdosing with opiates. Many of those on LAIB return to the lives they left before they became addicted to opiates, but some require additional support from a new bespoke psychological service.

The new service with funds for two years opened in March 2023. An evaluation of the service is required before funding ends to ensure renewal. Here we discuss the costs, benefits and assumptions we have used to demonstrate cost effectiveness.

Methods. Patients referred to the service are asked questionnaires and clinical outcomes at the start and end of the programme. We have used the EQ5D throughout as from this we can calculate the QALYs that NICE uses to value cost effectiveness. We have extrapolated that the benefit will last 4 years based on the COBALT study (Wiles 2016). We will be following the patients up at 12 months to test this but have no funds to follow up to 4 years. We have assumed that patients would have remained the same without this therapy.

Results. The service has a budget of £23,812 a month and 5.17 patients a month ($n = 31$ July to December 2023) completed treatment. The average gain in EQ5D utility score per patient ($n = 33$)

at discharge was 0.234 [0.140, 0.328]. If the quality-of-life score (EQ5D) at discharge is maintained in the same way as that for CBT in the COBALT study, the total number of QALYs gained from referral to 4 years would be 0.876. The cost-effectiveness ratio is therefore £5,261 per QALY gain. If the assumptions are correct and the patients retain this benefit this could be easily offset by savings elsewhere that have not been estimated in this evaluation.

Conclusion. Our analysis shows we are cost effective, but we may be cost neutral due to the potential savings accrued due to less substance misuse – currently costed at £58K per user per year (Home Office). The use of additional questionnaires for assessing NHS resource use or criminal activity could derail the success by overburdening participants. Evaluating roll out to other sites needs to be costed and proportional.

With thanks to all who have helped with an infectious enthusiasm – we may be cost-effective.

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Patient Outcomes in Crisis Resolution and Home Treatment Service: A Retrospective, Observational Study in Wolverhampton

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Aims. Crisis Resolution Home Treatment Team (CRHT) provides short-term treatment for psychiatric patients in the place of residence, dealing with mental health crises, risks, deterioration, and preventing hospital admissions. This team works round the clock, seven days a week. This study aimed to analyze the clinical outcomes of the service provided by the CRHT in Wolverhampton.

Methods. In a retrospective, observational, explorative study design, data was collected from the electronic medical records of 100 (54 female and 46 male) consecutive patients who were treated under the general adult (age range 18–65 years) CRHT from 1st December 2022. We collected outcome variables such as symptomatic improvement, change in risk status, days of treatment under CRHT, and discharge destination.

Results. In the sample, 76% had one psychiatric diagnosis, and co-morbidities were present in 20%, with 4% of patients having no syndromal diagnoses. The most common primary diagnosis was personality disorder (24%), followed by psychotic disorders (22%), anxiety disorders 21%, and depression (20%). Overall risk status of red changed from 87% at admission to 17%, at discharge; risk to self from 43% to 17% ($p < 0.01$), risk to others from 11% to 1% ($p < 0.01$), respectively. The mean length under care of CRHT was highest with anxiety disorder (27.7 ± 18.2 days), followed by personality disorders 23.7 ± 17.9 days. Age and number of days under CRHT were negatively correlated, suggesting younger age was linked to higher number of days ($p < 0.05$). Most (71%) patients showed an improvement in their mental health, 15% deteriorated and got admitted to the psychiatric hospital, 9% did not engage and 5% were considered not suitable for care under CRHT for various reasons such as having no fixed abode. Most (80%) patients were discharged back to the community following the CRHT period.