of high complexity. A comprehensive, personalized, interdisciplinary approach is offered, coordinated and co-responsible with educational, protection and social services.

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EPV0569

Implementation of a peer support intervention for family members of involuntarily hospitalised patients

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Introduction: Peer support has been identified as successful in improving patient wellbeing and empowerment and there is evidence that peer support can also help their family members (FMs). A peer support programme for FMs, developed in Germany, significantly improved FMs' quality of life. We have worked to adapt this support programme for delivery in England. We will report the results of this adaptation process and of the implementation of peer support for FMs.
Objectives: To examine the feasibility of the peer support programme developed and assess whether it can be delivered using a "train-the-trainer" approach.
Methods: The peer support programme is being implemented in two stages. In stage one, FMs with experience of supporting an involuntarily hospitalised patient (family peer supporters (FPSs)) receive an online training programme consisting of four sessions. These sessions, provided by the research team and FMs with lived experience of caring for an involuntarily hospitalised patient, teach FPSs skills in communication, reflection, coping and trialogue (promotion of equal communication between FMs, professionals and patients). FPSs then use these skills to deliver support to FMs of patients who are currently involuntarily hospitalised. This support is delivered for up to three months. The impact of this programme is assessed through one-to-one interviews with FPSs and FMs. Questionnaires are also provided to FMs measuring their quality of life, caregiving burden and psychological wellbeing before and after receiving support from FPSs.
In stage two, a modified version of the training programme (based on FPS feedback) is provided to a new group of FPSs. This training will be delivered by FPSs from stage one. After receiving the training programme, stage two FPSs will deliver support to other FMs as described for stage one. Assessment of the modified programme will mirror stage one.
Results: Provision of the stage one training programme is complete, and delivery of support is in progress with modifications being made for stage two. Eight FPSs and six out of a target of 12 FMs have been recruited for stage one. FPSs reported the training programme to be a positive experience, highlighting that it was engaging, easy to understand and gave them the confidence to support other FMs. Technical difficulties and an overload of information were cited as areas to improve for the next stage.
Conclusions: FPSs described the peer support training programme as a positive experience overall. However, improvements need to be made for stage two which is in progress. A more comprehensive report of our findings, including the impact of this peer support programme and the feasibility of implementing it in England, will be provided as the programme progresses.

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EPV0570

Exploring The Impact of Positive Behaviour Support Plans on Adult Acute Mental Health Staff Practice

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Introduction: There is a national movement to reduce restrictive interventions due to the harm and distress they can cause which has been reflected in NHS trust policies and practices. NHS trust policies state that all in-patients who may require restrictive interventions must have a Positive Behaviour Support Plan (PBSP) based on a functional analysis of what drives and triggers their behaviour. A PBSP is intended to facilitate understanding and help manage behaviours that challenge by teaching new skills and ways to communicate a person's needs. Previous research on the use of PBSPs on adult acute mental health wards is limited but research on PICU wards has shown PBSPs have not been implemented into mental health care as intended.
Objectives: Trust policies identify that PBSPs should be implemented to reduce the use of restrictive interventions. However, it is unknown whether PBSPs are being used as part of routine practice on the acute mental health ward. The degree to which staff are aware of patients PBSPs and how they use them to guide their practice is unclear. The service evaluation aims to understand the perspectives, attitudes, and experiences of staff who are responsible for using and implementing PBSPs on the ward. The evaluation aims to investigate how PBSP informs practice and to identify the barriers and facilitators to implementing PBSPs on the ward.
Methods: A volunteer sample of clinical staff members (including Doctors, Nurses, Psychotherapists, Occupational Therapists, and Clinical Support Workers) who are responsible for implementing PBSPs on an acute mental health ward in the East of England took part in a focus group which lasted up to an hour. There were four focus groups with between two and four participants per group. A total of thirteen staff members participated in the focus groups. The focus groups lasted up to one hour and were guided by a topic guide. Two members of the project team facilitated the group. Focus groups were audio recorded.
Results: Thematic synthesis will be the overarching approach used to synthesise the qualitative data from the focus groups. The audio recordings will be transcribed. Analysis will be conducted on a within-case basis prior to cross-case analysis aimed to identify common themes. Two evaluators will work together to code, analyse, and synthesise the extracted data.
Conclusions: Based on the results, training may be developed to improve the understanding and implementation of the PBSPs on the ward. The findings may also result in changes to the way PBSPs are used. The results will be presented to the trust chief executives