

Conclusion. Despite the limitation of subjective clinical assessments, the results suggested that the CRHT was effective in considerable proportions of patients with symptomatic improvement and a decrease in risk level, with a small proportion being admitted to a psychiatric ward. There is a need for objective evaluation of risk and symptomatic change using validated instruments and assessing patient experiences about the services.

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Psychiatric Admissions in NHS Lothian – What Can We Do Better?

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Aims. Psychiatric services are under increasing pressure to provide effective patient care with diminishing resources. In NHS Lothian, there is a sector-based model and chronic issues with lack of inpatient beds.

We aim to examine the admission to discharge process at the Royal Edinburgh Hospital (REH) for patients within the North-West sector of Edinburgh (NW) to identify areas for improvement.

Methods. We collected data for NW admissions and discharges from the five General Adult Psychiatry wards in REH in 2023, two of which are allocated NW wards.

Admissions to the Intensive Psychiatric Care Unit were excluded as they indicated differing severity, and discharges via the 'long-stay' ward were excluded due to other factors delaying discharge.

Data was collected from NHS Lothian Analytical Services and anonymised in line with NHS Information Governance Policy.

Qualitative data was collected anonymously from staff within NHS Lothian in the form of an online questionnaire to identify strengths and weaknesses of the current processes.

Results. In 2023 there were 133 discharges of NW patients in REH. The average age was 39 years old and most common diagnosis was a psychotic illness (36%).

Qualitative data identified that admitting patients to hospital is increasingly challenging due to capacity issues and the lack of a community transfer plan.

53% of NW patients were admitted to NW wards. 27% of patients were moved between wards during their admission.

Length of stay (LOS) and readmission rates were used as proxy measures to examine patient outcomes. Patients who remained on the same ward during their admission had an average LOS of 28 days. 22% were re-admitted within the calendar year. Outcomes were no better when patients remained on their sector ward.

Patients who moved ward during their admission to hospital had an average LOS of 47 days. 45% were re-admitted.

Conclusion. A lack of bed capacity is having a negative impact on patient care in NHS Lothian. Staff expressed concerns about the admission process and patients are moving wards during acute episodes of care to accommodate a sector-based model and chronic lack of capacity. Lack of continuity during admissions may be contributing to longer admissions and more re-admissions, further impacting on capacity.

A review of the strategic planning of NHS Lothian Psychiatric care is required, including capacity planning, admission protocols and policies on boarding patients. We will disseminate these results to support this process and any future work into this topic.

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Monitoring Antipsychotic Adherence in a Community Depot Clinic

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Aims. In conditions such as schizophrenia insight may be limited, leading to partial adherence to antipsychotic medication. This can result in lower remission rates in this group and increased disease burden. Depot injections allow close monitoring of treatment adherence and early intervention where needed.

We aimed to determine the treatment adherence of patients attending the outpatient depot clinic at the South Sefton Neighbourhood Centre (SSNC) for antipsychotic injections and compare adherence between depot medication administered at 1, 2, 3 and 4 weekly intervals.

Methods. We identified patients attending the depot clinic at the SSNC using depot cards. The RIO patient electronic record was used to find previous depot cards and to record the number of doses given each month and calculate the number of failed encounters over a twelve-month period.

We excluded patients receiving the injection at home and those where 12 months of data could not be collected.

Results. 42 (12 female, 30 male) patients were included. 18 had full adherence and 24 had partial adherence. Average adherence was 93%; 90% in the female group and 94% in the male group. We compared adherence to weekly (7 patients), 2 weekly (15 patients), 3 weekly (8 patients) and 4 weekly (12 patients) depot injections. Weekly and 2 weekly had an average adherence of 89%, while 3 and 4 weekly had an average adherence of 96% and 99% respectively. The average number of failed encounters was highest with the 2 weekly group and lowest in the 3 and 4 weekly group.

Conclusion. Adherence to antipsychotic depot treatment at SSNC is good with nearly half of the patients included having full adherence. 4 weekly depot injections showed the best adherence with an average of 99%. Following on from this study we would like to explore the reasons for partial adherence in the two weekly group as well as the impact this has had on this group of patients, looking specifically at relapse and readmission rates.

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Exploring the Experiences of the NCL CAMHS Co-Production Experts by Experience in Barnet, Enfield and Haringey Mental Health Trust: A Thematic Analysis

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Aims. This study focuses on the North Central London Child and Adolescent Mental Health Services (NCL CAMHS) Co-production workstream, initiated to establish co-production as a foundational method for service planning and delivery in the NCL region.

To understand what the CAMHS experts by experience members found useful and did not find useful in co-production projects within Barnet Enfield and Haringey Mental Health NHS Trust and NCL wide co-production.

Methods. Semi-structured interviews conducted with experts by experience within the Barnet Enfield and Haringey (BEH) NHS Trust aimed to explore their co-production experiences, identifying facilitators and barriers. The study employed an inductive thematic analysis, grounded in a constructionist epistemological position, to analyse qualitative responses from semi-structured interviews. Braun and Clarke's (2006) methodology guided the analysis, consisting of six phases. The researchers emphasized reflexivity, reflection, and maintaining coherence, consistency, and flexibility throughout the recursive process. The voices of the lived experience co-production members played a central role in the research, influencing the entire report.

Two members of the NCL CAMHS lived experience group served as "Lived Experience Researchers" and received training on coding reliability based on Braun and Clarke's (2006) guidance.

Results. Thematic analysis revealed several key findings. Recognition of co-production values within the group highlighted the importance of giving voice to service users, valuing their individual experiences, and promoting power-sharing. Facilitators included good team working, valuing diversity, accessible online sessions, and promoting equality through interactions. Conversely, barriers included inconsistent meeting timings, power imbalances, and a consultation-style dominance. Participants expressed the need for more involved projects and recommended a transformation of BEH's co-production strategy.

Conclusion. Recommendations for BEH include a comprehensive evaluation of their co-production projects on the ladder of participation, emphasizing the importance of higher-level collaborations. Training for staff on co-production principles is crucial for fostering a mindset shift, and the establishment of a dedicated co-production team, including a co-production lead, is advised by service-users who co-produce. These roles can drive co-production projects, provide organizational structure, and facilitate stakeholder engagement.

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Service Evaluation: Yoga Class Benefits for Mental and Physical Health in Mother and Baby Unit

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Aims. During the perinatal period women are at increased risk for mental health illness. It is estimated that around 0.5 in 1000

deliveries will result in admission to the mother and baby unit (MBU). Recovery is achieved by combining pharmacological treatment with holistic approaches. The majority of MBU settings will offer a variety of sessions that aid relaxation, reflection, and bonding. We have chosen to trial an additional service – Yoga class. It is known that Yoga is beneficial not only for strength, flexibility, and chronic pain but also for improved concentration, relaxation, and anxiety reduction.

Methods. Service evaluation took place in 8 bed, inpatient MBU. Selection criteria included non-pregnant women who had 4–6 weeks postnatal health check, were interested in trialling the class and were willing to complete pre- and post-class selected questions from the Dialog scale. The total number of Yoga classes conducted was 9 but there was no set number of classes for patients to commit to. Sessions were run between October 2023 and February 2024. Dialog scale was selected as a well-established outcome measure within the ward. We measured 3 areas by a Dialog scale (physical health, mental health, and leisure). The rating range was 1–7 with 1 being totally dissatisfied and 7 totally satisfied. Questions were completed before and after the class.

Results. In total 7 patients attended at least 1 Yoga class. We have calculated pre- and post-class average scores to measure change in selected outcomes. Physical health self-reported evaluation improved from 4.09 (SD = 0.79) to 4.48 (SD = 0.71). Mental health score improved from 3.61 (SD = 0.96) to 4.29 (SD = 0.99). Leisure score rose from 3.67 (SD = 1.3) to 4.34 (SD = 0.55). From the class record it was noted that overall, the uptake of the class was encouraging with 85% of patients returning to the Yoga with on average completion of 3 classes. 6 out of 7 patients did not attend further classes due to discharge or other commitments rather than withdrawing from classes.

Conclusion. From the collected data we can see that Yoga classes appear to be associated with moderate improvements in mothers' mental and physical health, at least immediately post-class. Whether this translates into long-term benefits remains unknown. Our service evaluation indicates that Yoga can be a beneficial part of holistic management for mothers in the MBU setting. In the future, this study could also involve pregnant mothers, who are an important population within the MBU setting.

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Advice and Guidance in Mental Health: A Transformational Approach

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Aims.

- To strengthen shared decision making between psychiatrists and general practitioners (GPs) while avoiding needless outpatient activity.
- To promote a seamless partnership between GPs and psychiatrists that will improve efficiency and effectiveness for better patient health outcomes.
- To improve patient journey whilst responding to operational pressures.
- To test GPs engagement and satisfaction.