

Service user feedback was positive with families highlighting ease of access to the service, intensity of intervention and a friendly environment as positives.

One parent remarked that they did not feel the Hub was the right setting for their child's care.

Clinician feedback highlighted the Hub as a positive support for community CAMHS with rapid access to intervention and communication from the Hub team mentioned as positives. One drawback identified was the intensity of intervention setting an unrealistic expectation for ongoing care.

Conclusion. The Hub appears a welcome addition to CAMHS with positive feedback from service users and clinicians. Ongoing development phase and evaluation is required.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Pills, Potions and Psychosocial Support in Pregnancy and the Post-Partum: Evaluating Interventions in a Specialist Perinatal Clinic

Dr Sheridan McWilliam*, Dr Neeti Gupta
and Prof Nilamadhab Kar

Black Country Healthcare NHS Foundation Trust, Wolverhampton,
United Kingdom

*Presenting author.

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Aims. Psychiatric illnesses are common in the perinatal period and many women are treated with psychotropic medications. Prescribing psychotropic medications often raises concern among patients and clinicians, because of a lack of information and no license to prescribe during pregnancy. This project aimed to evaluate the interventions offered in a perinatal clinic against the Perinatal College Centre for Quality Improvement standards. This included evaluating medications prescribed in the antenatal and postnatal periods; counselling regarding medication risks and benefits, provision of verbal and written information and psychosocial interventions.

Methods. Data of 60 patients (30 antenatal and 30 postnatal) attending perinatal outpatient clinics covering two cities in Midlands, England, consecutively from November 1st 2023 were collected from electronic clinical notes and clinic letters. Patients who did not attend their appointment were excluded.

Results. The mean age of the sample was 30.3 ± 5.2 (range 19–41). Average gestational age was 6.5 ± 2.1 months (range 2.0–9.5) for antenatal women, and average postnatal duration was 6.5 ± 5.0 months (range 0.1–22.0) at the time of review. All women had psychiatric diagnosis, except one who was discharged back to primary care. The most common diagnoses were mixed anxiety and depression (38.3%), emotionally unstable personality disorder (38.3%), and postnatal depression (20%). The majority (75.0%) were prescribed psychotropic drugs. Antidepressants were prescribed in 66.7% of antenatal and 76.7% postnatal patients; most commonly prescribed overall were sertraline (33.3%) and citalopram (23.3%). Antipsychotics were prescribed in 30.0% of antenatal and 46.7% of postnatal patients. Aripiprazole and quetiapine were most commonly prescribed in the antenatal (both 13.3%) and postnatal (both 20%) periods. A larger proportion (40.0%) of women had as required medications; promethazine (20.0% vs 30.0%), diazepam (6.7% vs 13.3%) and zopiclone (3.3% vs 13.3%) were most frequently prescribed, with figures indicating prescription rates in the ante- versus

postnatal period. None of the medications were prescribed above licensed limits nor met criteria for high dose antipsychotic monitoring. Verbal and written information about medications was provided in 78.3% and 35.0% of all cases respectively. Most (65.0%) women were offered psychological therapies, and of these, 69.2% received it.

Conclusion. Most women in the perinatal period were prescribed psychotropic drugs, with higher proportions in the postnatal period. The findings suggested areas of improvement, such as offering written information, documenting the discussion of medication counselling, and to increase the psychotherapeutic support. It also suggests developing manualised educational interventions to improve information sharing with patients, and perinatal care.

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Significant Global Improvements for Opioid Dependent Patients Receiving 8 Sessions of Flexible Trauma Informed Psychological Therapies Whilst on Long Acting Injectable Buprenorphine: 9 Month Findings

Professor Jan Melichar^{1,2,3,4*}, Dr Lucie James^{1,5},
Dr James Tucker¹, Mr Lewis Jones¹ and Ms Emma Dennie¹

¹Cardiff and Vale UHB, Cardiff, United Kingdom; ²Aneurin Bevan UHB, Newport, United Kingdom; ³University of Bath, Bath, United Kingdom; ⁴University of South Wales, Newport, United Kingdom and ⁵Cardiff University, Cardiff, United Kingdom

*Presenting author.

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Aims. Opioid dependence is associated with adverse physical health, mental health and social consequences. Daily oral opiate substitutes offer some treatment gains but several negative associations including daily dosage fluctuations, long-term reliance on services and negative impact on ability to work.

Long-acting injectable buprenorphine (LAIB) is a new treatment option, extensively used in Wales since 2020. We have shown the many gains, including increased treatment retention, reduced service reliance, improved patient satisfaction and increased capacity for people to move on in their recoveries, are likely to be due to LAIBs unique combination of allostatic μ -opioid receptor agonism (craving reduction) and sustained κ -receptor antagonism (anxiolysis). However, ~50% experience resurfacing of mental health and/or trauma symptoms on LAIB that impedes recovery. The Buvidal Psychological Support Service, commissioned by Welsh Government, seeks to develop the evidence base for provision of rapidly accessible, tiered psychological support alongside LAIB to address this. Here we present initial 9-month findings.

Methods. Tier 1 of the service offers 8 weekly individual therapy sessions, delivered flexibly over 2–6 months, with an experienced trained therapist focused on psychoeducation, co-production of a trauma and compassion based formulation, and the development of skills to manage current mental health or trauma symptoms.

Pre- and post-evaluation programme assessed efficacy including: EQ5D-5L, Work and Social Adjustment Scale (WSAS), Clinical Global Impressions (CGI), PRO Severity and Clinical Outcomes in Routine Evaluation –10 (CORE-10).