

### Service Evaluation of the Just Right State (JRS) Programme, Step 3 Child and Adolescent Mental Health Services (CAMHS), Child and Family Clinic, Belfast Trust, Northern Ireland (March-December 2020)

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**Aims.** COVID-19 resulted in dramatic shifts in how interventions are provided within mental health services, creating the opportunity to virtually deliver JRS groups to parents of young people attending Belfast CAMHS. This is a sensory attachment intervention that facilitates the process of self-regulation and co-regulation through the use of food, sensory activities and an enriched environment provision. It is currently facilitated by CAMHS clinicians via video calls over 4 consecutive weeks.

1. Evaluate the effectiveness of the virtual JRS intervention
2. Measure discharge rates after JRS intervention to examine if attendance at JRS at the point of entry into CAMHS can lead to more timely discharge due to targeted early intervention
3. To capture parent and clinician feedback focusing on the challenges and improvements that have occurred due to this adapted delivery of services

**Methods.** A systematic database search was conducted examining number of parents who have attended overall; weekly attendance; Did Not Attend rate; length of time between CAMHS initial assessment and JRS intervention; number of families discharged after JRS and number of families allocated to partnership/medic after JRS.

CAMHS clinicians (not directly involved in facilitating JRS intervention) gathered qualitative feedback from families (via phone calls with parents who provided consent).

**Results.** 132 parents were invited between March-December 2020. 41 families have been discharged, 60 families have been allocated to partnership or medic and 31 are awaiting future JRS groups due to non-engagement, or a further review by JRS facilitators or a CAMHS clinician that they are already allocated to.

Five parents provided positive qualitative feedback.

**Conclusion.** As JRS has engaged a high number of parents in a relatively short time -period, it would be helpful to further explore its effectiveness as a first line intervention in CAMHS, thereby informing service delivery moving forward.

### A Fitness And Lifestyle Intervention Programme (Flip It) - It Is One of Such Interventions Established to Tackle Obesity and Manage Weight Among Inpatients in a Secure Mental Health Service

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**Aims.** A Fitness and Lifestyle Intervention Programme (FLIP IT) is a healthy lifestyle programme, developed for patients identified by their multi-disciplinary team that focusses on helping patients

improve their understanding of the benefits of living a healthier life and supporting them to live a healthier life. We evaluate the effectiveness of the FLIP IT programme in tackling obesity and managing the weight of inpatients in a medium secure mental health unit.

**Methods.** Patients requiring support in managing their physical health from different secure wards were enrolled into the FLIP IT programme following identification by the Multidisciplinary team. Each cycle of the programme was completed over an eleven-week period. Data were collected for a total of seven cohorts of the FLIP IT program. Descriptive analysis was conducted with SPSS. Descriptive statistics, including means, frequencies and proportions were generated. Comparison was done between participants measurements at the start and end of the programme.

**Results.** A total of 55 participant records from seven cohorts of the FLIP IT program were analysed; 33 (60%) male and 22 (40%) female. Ten participants did not complete the program; discontinuation rate of 18.2%, 7(70%) of which were females and 3(30%) of which were males. There was not much changes in BMI category from start to end (34.10 to 34.14) and in Waist to hip ratio only (0.951 to 0.949) subsequently.

**Conclusion.** Although, it showed only marginal number of improvement in some categories and no improvement in BMI category, also some patient did withdraw from the project. However, this does not mean that project FLIP IT was not useful at all, as it encouraged some participants to make small everyday changes in secure unit to gain understanding into the importance of their physical health.

### An Audit of Physical Health Monitoring in the Community Psychiatry Outpatient Setting: Can We Improve?

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**Aims.** Care in the community psychiatric setting involves regular monitoring of both mental and physical health. Patients with mental illness worldwide have higher rates of morbidity and earlier mortality, often due to physical disease, most commonly of metabolic or cardiovascular origin. The reasons for these findings are numerous, though a significant contributor is the underperformance of lifestyle screening and subsequent underutilisation of interventions. As standard, it is recommended that practitioners of all grades should, at each appropriate opportunity, assess their patient's current physical status and screen for lifestyle factors that increase risk of morbidity. These include: weekly physical activity, weight/BMI, diet, smoking status and alcohol intake. Our aim was to investigate if our Community Team was meeting both trust-set standards and national standards.

**Methods.** A list of all outpatient appointments, including all clinic types, and all grades of staff, was generated from 1/11/21 to 19/11/21 giving a total of 48 appointments. A list of questions were then answered using data taken from notes available on an electronic system. This allowed analysis of the frequency of assessment for each lifestyle factor and frequency of offered interventions, where appropriate. Further analysis across all grades of staff, both outpatient appointment clinics and medication monitoring clinics, and across specific mental health disorders was performed.