

Aims. We aim to systematically document our reflections regarding the establishment of a perinatal-focused Compassion Focused Therapy (CFT) group within an expanding service. It aims to highlight specific outcomes and client experiences resulting from group completion.

Methods. Synthesizing information from established CFT Group protocols across various National Health Service (NHS) contexts, scholarly investigations, and our CFT training, this study instituted a 10-week perinatal-CFT group intervention. Recruitment targeted individuals already engaged in our services, resulting in the referral and screening of eleven potential participants. Nine eligible individuals provided informed consent, with seven successfully completing the program. Assessments, including the Clinical Outcomes in Routine Evaluation (CORE-10), Postpartum Bonding Questionnaire (PBQ), The Forms of Self-criticizing/Attacking & Self-reassuring Scale (FSCRS), and Maternal Antenatal Attachment Scale (MAAS), were administered pre- and post-group. Quantitative findings were analysed and compared, supplemented by qualitative insights distilled from thematic analyses of feedback forms and post-group reviews with each participant.

Results. Though we had a small number of participants ($n = 4$) who completed the pre and post measures and the post group review, we received overall positive feedback for the group intervention. During the post group review and from their feedback forms, participants expressed the value of the group experience and found the discussions and exploration of CFT concepts to be helpful in reflecting on their self-critical thoughts.

On the Core-10, there was a reliable and clinically significant change for 75% of participants. Two participants completed the PBQ, and both showed a reliable but not clinically significant change in scores. We had one antenatal client who showed a reliable but not clinically significant change on the MAAS.

The FSCRS comprises three scales: Inadequate Self (IS), Reassured Self (RS), and Hated Self (HS). On the IS subscale, a reliable and clinically significant change was observed for 75% of participants. The HS subscale showed a reliable change but lacked clinical significance for 50% of participants. No reliable change was observed in the RS scale for any participant.

Conclusion. While the study's results are not generalizable due to the small sample size, positive feedback suggests the well-received nature of online perinatal CFT groups. Despite a preliminary evidence base, this paper contributes reflections and experiences, highlighting the potential effectiveness of online CFT groups in the perinatal period. These findings underscore the need for further research and exploration in this promising therapeutic approach.

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.

Impact of rTMS Treatment on Utilisation of Mental Health Services

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Aims. Repetitive Transcranial Magnetic Stimulation (rTMS) is a non-invasive brain stimulation recommended by NICE for treatment of depression. Our aim was to study the impact of real world rTMS treatment on service utilisation.

Methods. Data was collected for all patients who received rTMS treatment at the Centre for Neuromodulation Services (CNS) and followed up for 6 months. Sociodemographic data was collected for all patients. To understand service utilisation, data was collected to record involvement of mental health services including Community Mental Health Team, inpatient admission, Crisis and Home Treatment, Psychiatry Liaison and Talking Therapies.

Results. Fifteen patients completed treatment in the year 2023 since inception of the service. All patients received 25 daily treatment sessions over a period of 5 weeks.

67% of the patients were female ($N = 10$). 93% of the patients were White-British ($N = 14$) with one patient with British-Indian ethnicity. The mean age of patients was 50.8 years.

One-third of the patients were involved with more than two services within the Trust in the 6 months before referral for rTMS. Historically, most patients were involved with Talking Therapies ($N = 13$; 86%), Crisis and Liaison Teams ($N = 10$; 67%) and inpatient services ($N = 9$; 60%). Two (13%) patients were not on any medications at the time of starting treatment. In the 6 months after completion of treatment, only 3 (20%) patients were involved with more than one service while 3 (20%) patients were discharged from services.

Conclusion. The referral pattern along with involvement of services revealed that complex patients requiring multiple services were referred for TMS treatment. The drop in number of services involved post completion of treatment suggests that TMS was effective in reducing service utilisation. The study sample was limited to a small group and the same would have to be repeated with a larger sample.

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Parent Experiences of a Pilot Functional Neurological Disorders Clinic at Great Ormond Street Hospital (GOSH)

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Aims. There are a shortage of specialist services available for Functional Neurological Disorders, especially within the paediatric population. Patients and families often find themselves falling within the borderland between medical and psychiatric services. Functional symptoms can cause significant morbidity and disruption to the lives of children and young people, impacting their access to education and social lives. Early diagnosis and explanation of FND is a mainstay of treatment, and is associated with positive outcomes. A Functional Neurological Disorder pilot MDT clinic was set up within Great Ormond Street Hospital, with the aim to provide a one-off therapeutic assessment and psychoeducation. We surveyed families who attended the clinic to assess their experiences and outcomes.