

Methods. A pilot clinic was set up for patients referred within GOSH with a confirmed diagnosis of FND. The Multidisciplinary team consisted of a CAMHS psychiatrist, paediatric neurologist, physiotherapist and occupational therapist. Patients received a one-off outpatient consultation to discuss FND symptoms and background history. Clinicians provided psychoeducation for patients and families about the diagnosis and devised treatment plans including follow-up assessments, onward referral to local services and a consultation with teams where appropriate. A follow-up survey was conducted using semi-structured telephone interviews and patient satisfaction questionnaires. Questionnaires were scored using a Likert rating scale (1: very dissatisfied – 5: very satisfied). Parents were asked about their understanding of the FND diagnosis and about their experiences of support from local teams.

Results. 25 patients diagnosed with FND were referred to the clinic. Of those, 20 patients took up the consultation. Patients presented with range of functional syndromes. 15 families consented to follow-up interviews. Parents rated their experience at the FND clinic highly (median score 5 – very satisfied). They were very dissatisfied with follow up care (median score 1). Only one patient remained under CAMHS at the time of follow up. 3 families had sought support privately. Parents subjectively rated their children's symptoms at follow up as: much worse (3); a bit worse (1); the same (7); a bit better (2) and much better (2).

Conclusion. Patients and parents demonstrated high levels of satisfaction with the one-off therapeutic assessment. The majority of parents reported that the GOSH consultation helped them to understand the diagnosis of FND. All families felt they had received inadequate support from primary care, local CAMHS services and schools. Patients who struggled to access support from CAMHS/ school were less likely to experience any improvement in FND symptoms and had poorer levels of functioning.

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Enduring Benefits of Widespread TMS Implementation: Analysis of Data in Pennine Care NHS Foundation

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Aims. Transcranial Magnetic Stimulation (TMS), characterized by its non-invasiveness and absence of recovery time, emerges as an optimal intervention for treatment-resistant depression. Operating through the induction of a time-varying electric field in the brain, TMS elicits action potentials in cortical neurons, leading to long-term neural inhibition and excitation, fostering neuroplasticity. Despite its efficacy, TMS remains available in a limited number of National Health Service (NHS) hospitals. This study aims to evaluate the use of TMS for treatment resistant depression and its impact upon service utilisation within Pennine Care NHS Foundation Trust.

Methods. A retrospective analysis was conducted on 76 patients diagnosed with treatment-resistant depression. Responders (n = 54) and non-responders (n = 22) were identified based on baseline, midpoint and endpoint assessments using HDRS,

Beck's Inventory, PHQ-9, and GAD anxiety questionnaires. Patient data was extracted from PARIS, the Electronic Patient Record system of Pennine Care NHS Foundation, encompassing NHS service utilisation pre- and post-TMS treatment.

Results. Comparison between 12 months pre and post-TMS treatment revealed noteworthy findings:

12 responders (22%) were admitted to hospital in the year prior to starting treatment with a total of 1134 and mean of 94.5 days. In comparison to post-TMS where 11 (20.4%) patients had total of 913 and mean of 83 days.

8 non-responders (36.4%) were admitted to hospital in the year prior to starting treatment with a total of 285 and mean of 36.5 days. In comparison to post-TMS where 3 (13.6%) patients had a total of 276 and mean of 92 days.

Outpatient appointments reduced by 15.4% for responders and 27.2% for non-responders.

Number of A&E admissions reduced by 79.3% for responders and 65.5% for non-responders.

Admissions to Home Treatment Team (HTT) decreased by 62.7% for responders and 86.7% for non-responders.

Post-TMS discharge from services was 25.9% for responders and 18.2% for non-responders.

Conclusion. This study underscores a reduction in service utilisation among treatment-resistant depression patients following TMS treatment, with some indication that a greater reduction is seen for responders to treatment. While there was limited benefit seen when analysing outpatient appointments and HTT involvement, a greater reduction was seen when evaluating A&E attendance and days spent in hospital. In addition to exploring the possibility of late response to treatment and how this affects non-responder data, future studies are needed to compare results with patients who did not have TMS. These studies will require larger study numbers to better analyse the enduring benefits of widespread TMS implementation within the NHS.

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Outcomes of Treatment With Long-Acting Buprenorphine Injection in Individuals With Opioid Use Disorder Attending a Rehabilitation Center in the UAE

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Aims. Opioid use disorder (OUD) is a global burden with significant morbidity and mortality. Standard of care often includes integrated treatment programs combining psychosocial interventions and Medication Assisted Therapy (MAT) which includes methadone, Buprenorphine (BUP) and Naltrexone. BUP, a partial u-opioid receptor agonist, has shown to increase patient treatment retention, reduce relapse, and improve quality of life. BUP Oral formulations can be associated with misuse, diversion, and non-adherence. Despite availability, many individuals don't receive adequate MAT treatment or discontinue medications prematurely,

substantially increasing their relapse risk. Subcutaneous Long-Acting BUP (SC LABUP) injectable formulations have been associated with improved access, less burden of adherence, and greater abstinence in OUD patients. From this perspective, the OUD program at Erada Center maintains affected individuals on weekly or monthly SC LABUP injections. Our study aims to evaluate abstinence and treatment retention in Erada Center patients who are maintained on LABUP injections.

Methods. We conducted a retrospective cohort study of all individuals following at Erada Center from January 2023 until January 2024, who were maintained on weekly or monthly LABUP injection. 174 individuals were identified, with diagnosis of OUD as per ICD-10 criteria, and receiving LABUP injection during inpatient admission or outpatient follow up. Primary outcomes were abstinence period (defined as negative urine drugs test apart from q-BUP), and retention in treatment (defined as compliance with attendance with OUD program). These were assessed at three time intervals: 24, 36, and 48 weeks from taking the first LABUP injection.

Results. 174 individuals were maintained on LABUP injection. Participants were all males, aged 18–65 years old, and polysubstance users with opioids being their drug of choice.

70 patients completed at least 24 weeks and received at least 2 doses of LABUP. Out of those, 53 achieved full abstinence and retention in 24 weeks (75.71%), 32 patients achieved the same for 36 weeks (45.71%), 25 patients achieved the same through 48 weeks (35.71%). Reasons for being lost to follow-up included relapse, incarceration (military service or custodial sentence), or drop out for no identifiable reasons.

Conclusion. To the best of our knowledge, this is the first study in the UAE and Arab world looking at the outcomes of individuals with OUD maintained on LABUP injection. Results highlight a notable abstinence and retention rates as above. Further studies should look at reasons for relapse and loss for follow-up.

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A Cross-Sectional View on the Comprehensive Multi-Disciplinary Model of Care for a Peri-Natal Mental Health Service Within a Tertiary Women's Hospital in Western Australia

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Aims. King Edward Memorial Hospital (KEMH) is the largest tertiary women's hospital in Western Australia and a tertiary referral center for complex pregnancies, for example, adolescent pregnancies (12–19 yr olds), pregnancies with obstetric complications or fetal anomalies, statewide drug and alcohol antenatal service and preterm births. With 6000 births annually, this women's hospital does not only provide obstetric care, but also looks after gynecology, oncology and chronic pain patients. We would like to share the model of care for our women's mental health service which provides statewide Childbirth and Mental illness (CAMI) service looking after women with chronic enduring mental illness, statewide drug and alcohol antenatal service (WANDAS), adolescent model of care and our service for all other women

attending this tertiary hospital within a unique consultation liaison model.

Methods. Our team comprises 3.0 full time consultant psychiatrists, 2 Psychiatry trainee registrars, 5 clinical psychologists, 2 triage nurses and administrative staff. In total, we had 1959 referrals to our service in 2022–23 financial year. These women had varying amount of input from our service during their treatment in hospital: one assessment with advice and signposting to brief therapy, up to a fully comprehensive Multidisciplinary Team (MDT) care as provided by an adult community mental health service. In addition to comprehensive assessment, MDT interventions include risk assessment, pharmacological interventions, psychological interventions, working alongside child protection services, infant mental health and attachment work.

Results. Our most common diagnostic categories included post-traumatic stress disorder (10%), adjustment disorders (10%) followed by Generalized anxiety disorder and recurrent depressive disorder (6% each). Our key performance indicators include: number of consumers (541 in 2022–23) that received comprehensive intervention from us in last 12 mths, consumer and carers' feedback and rate of completion of outcome scale at point of admission and discharge from service. These figures have remained consistent for the last 5 yrs.

Conclusion. Our hybrid model of care is unique as it incorporates a consultation liaison and a community mental health care model for women attending our hospital. This allows us to provide a safe, specialized, timely service to women in their most vulnerable period of life.

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The Evaluation, Review, and Recommendations, Regarding Referrals to a West Yorkshire Specialist Forensic Community Team

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Aims. In the United Kingdom Specialist Community Forensic Teams (SCFT) are a new national development, aiming to enable and support earlier discharge from secure hospitals, and provide treatment to patients on a forensic pathway, in a community setting.

This project's ambition was to yield data to support future development of the service. The following research question was developed, as a focus for the project:

In order for patients to be cared for as close to home as possible and for forensic services to reduce the length of inpatient stay, when should a patient be referred to a Specialist Forensic Community Team?

Methods. The project was accepted by Cardiff University and South West Yorkshire Foundation Trust as a service evaluation.

The project methodology considered the impact of trauma throughout, given the forensic setting and high prevalence of trauma in individuals accessing forensic services.

A questionnaire was developed, which covered several relevant themes regarding the service, including the research question, and