

evaluated outcomes in various ways. Anonymity of the callers made long-term follow-up difficult in most cases, though it is understandable that anonymity might have contributed to the helpline being more accessible and less intimidating to the callers. MMAT scores showed the papers have a range of methodological soundness.

Conclusion. There is lack of consensus and uniformity regarding what outcomes can evidence the efficacy, efficiency, and effectiveness of mental health helplines. Before more investment in helplines, there needs to be discussion, planning and understanding among policy makers and service developers in deciding what they want to achieve from a mental health helpline. This will help researchers focus on relevant outcomes to evaluate mental health helplines. Services need clarity regarding what difference they are trying to make when such helplines are set up.

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Change From 24-Hour Off-Site On-Calls to 12-Hour On-Site Shifts for Psychiatry SHOs Was Near-Unanimously Welcomed by SHOs, Senior Doctors and Allied Health Professionals in Cardiff

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Aims. In January 2023, the rota for psychiatry SHOs within Cardiff and Vale UHB changed from 24-hour off-site on-call to 12-hour on-site shifts. This change occurred after rota gaps from sickness, increasing clinical pressures, and poor GMC survey feedback. We hypothesised that this would likely be received positively by SHOs, senior psychiatrists and other staff who work with the on-call SHO, and surveyed attitudes to the new rota. Our aim was to inform decisions about the rota going forward, and gather a baseline set of data for future comparison.

Methods. Data were collected retrospectively, via three questionnaires created on Microsoft Forms and distributed by email to: junior doctors on the on-call rota ("SHOs"), registrars and consultant psychiatrists ("seniors"), and nurses and allied healthcare professionals ("AHPs"). We used a mixture of Likert scales and free-answer sections, surveying staff attitudes of the impact of the change in rota on Patient Safety, Workload, Training Impact, Working Relationships and Welfare. Questions were altered to suit the group being surveyed (e.g. AHPs were not asked to comment on welfare of SHOs).

Data were collected between the dates of 23/3/23 and 5/5/23.

Results. A total of 63 respondents (17 SHOs, 12 seniors, 34 AHPs) completed the questionnaire.

Overall results were very positive in favour of the new rota, with a final overall question concluding that 100% SHOs preferred the new rota, as did 92% seniors and 92% AHPs. Other highlights include:

- 92% of all staff felt the on-call SHO could provide safer patient care, particularly at night.
- 82% SHOs and 83% seniors felt workload had improved or stayed the same.
- 71% SHOs had more training opportunities on-call (e.g. observing MHA assessments).
- 82% AHPs felt working relationships with SHOs had improved.
- 88% SHOs felt positive impact on their mental or physical well-being.

Conclusion. The new rota was near-unanimously positively welcomed by each group of staff surveyed, in all domains studied.

These findings were presented to members of the clinical board, and used to justify continuing the rota in future. It has remained in-person since.

With baseline data gathered, we will repeat the survey in February 2024 to gain more data on current attitudes to the new rota, one year on from its implementation.

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Developing a CAMHS Hub Crisis Management Service – the First Six Months

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Aims. This poster will:

1. Describe the establishment of an acute crisis management service within a Child and Adolescent Mental Health Service (CAMHS) in the Republic of Ireland.
2. Summarise clinical activity during the first six months of the service and qualitative feedback from service users and clinicians on their experience of the service.

Methods. In December 2021 the Republic of Ireland Health Service Executive approved the roll out of acute crisis management services for CAMHS – known as Hubs, with a remit to provide intensive brief interventions to support young people experiencing acute Psychiatric crises. Multiple weekly appointments are provided in clinic, at home or via telehealth.

The Lucena Clinic CAMHS – based in Counties Dublin and Wicklow, was chosen as a pilot site. Staff were recruited in January 2023 consisting of:

- 1 FTE Consultant Child and Adolescent Psychiatrist
- 1 Candidate Advance Nurse Practitioner
- 1 Senior Social Worker
- 1 Senior Occupation Therapist
- 1 Administrator

A multi-disciplinary Steering Group was established with a view to planning clinical programs, ensuring safety and governance, procuring resources and embedding service evaluation.

The service went live in May 2023. Clinical data was gained from data entry to the service Electronic Patient Record.

Qualitative feedback was gained from service users using post-discharge questionnaires and from clinicians using semi-structured interview.

Results.

1. Between May and December 2023 the Hub received 61 referrals and accepted 35.
2. 27 of those accepted were new referrals to the service.
3. Patients received an average of 27.1 hours of clinical intervention during their admission.
4. Shortest admission was 10 hrs, the longest 66.5 hrs.
5. 6 young people were seen at home, totalling 41 visits.
6. 24 young people were discharged to CAMHS, 2 to GP, 2 to the clinic's Day Program, 3 required in-patient admission.

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.

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

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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

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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 Buvival 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).