

A 3 Year Follow-Up After Discharge From Early Intervention Service- Are Patients Less Likely to Be in Contact With Mental Health Services After Discharge From Eis and Are They Healthier?

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Aims. To determine the utilization of mental health (MH) services, antipsychotic use and weight gain 3 years after discharge from an Early Intervention Service (EIS).

Methods. A retrospective anonymized survey was conducted of the trust electronic records of patients discharged from Barnet EIS in April to May 2018. 25 case records were identified of which 4 were excluded due to relocation out of area. Information was reviewed from the time of referral to 3 years post discharge. Data included patient demographics, number of referrals to home treatment team (HTT), inpatient admissions, medication and cardio-metabolic parameters (weight and HbA1c) during this period.

Results. 21 records were analysed - 13 males, 3 females, average age of 24 years. 12 patients had been discharged to primary care of which 5 were re-referred to community mental health team (CMHT) during the 3 year follow-up. 9 patients were discharged to the CMHT of which 4 were later discharged to primary care.

There was no significant difference in the number of referrals to HTT and hospital admissions in the GP and CMHT follow-up groups (50% and 33%; 56% and 44% respectively). At the time of discharge from EIS 67% were on antipsychotic medication. At 3 year follow-up 90% in CMHT group continued antipsychotics. There was an average of 15.6 kg weight gain while under EIS with further 11.7 kg gain over the next 3 years under CMHT care. According to available data for those still in contact with MH services, no patients newly met criteria for pre-diabetes or diabetes. No records were available on our system pertaining to GP discharges.

Conclusion. We discuss the impact of EIS on affecting future MH service contact. There were a similar number of future MH referrals regardless of initial discharge destination. We consider whether there may be a different quality of these contacts that need further inspection.

The majority discharged continued taking antipsychotic medication and experienced considerable weight gain. This significant ongoing weight gain in a group of young people only starting to use MH services is of great concern due to negative cardiometabolic impact. It highlights the need for urgent proactive attention to ensure the best physical and mental health for these patients.

Remote Clinical Assessments and Management During COVID-19: Views of the Patients and Clinicians About the Future Preferences

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Aims. During the COVID-19 pandemic most clinical services changed to remote consultation and management to minimise virus transmission by direct contact. As the social distancing and restrictions have eased with greater control of the pandemic,

the nature of consultations is going to change. At this juncture we intended to understand the perception and satisfaction of patients and clinicians on remote consultations and management during COVID-19 and to determine their preference about clinical engagement in the future.

Methods. This was a trust-wide anonymous survey conducted through surveymonkey. It involved both patients and mental healthcare staff (MHS) and explored about the quality and satisfaction in remote consultations, option to patients, and use of remote consultations in future. Clinicians were sent the online link to complete, with a reminder two weeks later. The patients were explained during their appointments about the survey, those who agreed to participate and gave informed consent, their responses to the questions were recorded.

Results. The sample consisted of 78 patients and 107 MHS representing adult, old age, children and adolescent and intellectual disability subspecialties. Most (92.4%) participants had participated in remote consultations and understood the reason behind it. Around a third (32.7%) of MHS and 46.2% of patients felt strongly satisfied in remote consultations, and together with satisfaction these were 56.1% v 71.8% respectively ($p < 0.05$). The quality of the remote consultations were considered somewhat (11.2% v 23.1%) or a lot better (8.4% v 15.4%) by MHS and patients respectively ($p < 0.05$). Majority (82.7%) felt that an option should be given to patients for the type of consultation, face to face or remote. After the pandemic, the preference for psychiatric consultations were primarily face to face (30.3%), primarily remote (8.6%) and a mixture of the two (61.1%); there were no difference between patients and MHS. However while 71.4% doctors, 70.8% other clinicians (occupational therapists and psychologists) and 75.0% of clinical managers opted for mixture of face to face and remote, 26.9% of nurses opted for that. Background subspecialty, age group, ethnicity, experience of remote consultation with GP or hospital doctors, attendance or admission to general or psychiatric hospitals during pandemic, disabilities, or having COVID-19 did not influence the suggestion for the future consultation type.

Conclusion. Following the pandemic, both clinicians and patients express a preference for a mixture of face to face and remote consultations; and an option regarding that should be given to the patients.

Evaluation of Junior Doctors' Experience of Psychodynamic Psychotherapy Training in LYPFT During the COVID-19 Pandemic

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Aims. Developing psychotherapeutic competencies is an essential part of psychiatric training. All core trainees in LYPFT until 2021 saw a patient for Psychodynamic Psychotherapy. The pandemic led to unprecedented changes to clinical practice and medical education. In LYPFT all face-to-face appointments in the Medical Psychotherapy Service were paused in March 2020. Patients were offered the choice to continue therapy remotely or postpone therapy. Supervision was also moved to a remote format. Face-to-face psychotherapy sessions resumed from August 2020, with new departmental procedures around infection control and the use of PPE. This project aimed to establish the junior

doctors' experience of delivering psychodynamic psychotherapy in LYPFT during the COVID-19 pandemic.

Methods. The project was carried out via a two-step methodology: Firstly with an online survey which included a quantitative analysis of the impact of the pandemic; and secondly via semi-structured interviews with a resultant thematic analysis.

Results. 22 junior doctors who were invited to participate, 15 completing the survey (68%). Four patients had deferred therapy; the mean length of deferral was 2 months. Ten respondents had sessions cancelled due to infection or self-isolation. Face-to-face delivery was experienced by 13 respondents, 5 respondents had delivered therapy via phone and 6 had delivered therapy with PPE. Thirteen were concerned about attaining their psychotherapy competencies. Seven preferred face-to-face supervision, and 4 preferred remote working.

Thematic Analysis of the semi-structured interviews identified three themes regarding the impact of the COVID-19 pandemic on Junior Doctors experience of Psychodynamic Psychotherapy, with sub-themes detailed below. Throughout the themes, the challenges and difficulties with delivering therapy in the COVID-19 pandemic, as well as areas of good practice and opportunities were identified.

The Work of Therapy (Remote Therapy, PPE and Therapy, COVID-19-related)

1. The Structure of Therapy (COVID-19 Guidance, Setting/ Frame of Therapy, Boundaries of Therapy)
2. The Therapist's Training (Supervision, Attaining Competencies, Loss of Training Experience)

Conclusion.

Recommendations:

1. To create a short guide for junior doctors delivering Psychodynamic Psychotherapy during a pandemic.
2. To consider the types of supervision delivery within the Medical Psychotherapy Service
3. To ensure there is space for junior doctors within the Medical Psychotherapy department or a private space within their base placement, should remote therapy be required.
4. To ensure future plans related to possible pandemic restrictions address the need for good quality and strong internet connections/WIFI

Clinicians' Experience of Remote Assessment of Autism Spectrum Disorder Within the Barnet CAMHS Service

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Aims. 1. To evaluate clinicians' experiences of the newly implemented remote ASD assessment process (due to COVID-19), including the long-term sustainability and potential standardisation of this approach; 2. To establish areas for improvement in this process and make further recommendations.

Methods. Members of the Neurodevelopmental MDT completed an online survey, whereby feedback was collected regarding the use of the Child Observation of Social Communication (COSC), which had been adapted for online use from the standardised Autism Diagnostic Observation (ADOS) Schedule by a senior

Psychologist. Participants also responded to questions on other assessment domains, including the Developmental, Dimensional and Diagnostic interview, feedback and formulation meetings. Questions included their comfort with performing the assessment, their views on the quality of care provided and any difficulties they faced. Survey data were collected on two occasions: between November and December 2020 and between July and August 2021.

Results.

Positive Experiences

63% of respondents in November-December 2020 reported that COSC was a good alternative whilst standardised ADOS was unavailable. This increased to 100% in July-August 2021. Quality of care delivered by COSC was rated to be the same as ADOS in 70% of participants November-December 2020; 25% felt quality of care delivered by COSC was better than ADOS in July-August 2021. 73% of participants reported they would continue to use the remote assessment in the November-December 2020 survey. This increased to 88% in July-August 2021. 33% of the clinicians were very comfortable with administering the COSC in July-August 2021, 56% were somewhat comfortable.

Negative Experiences

27% of the clinicians reported being somewhat uncomfortable with administering the COSC assessment in November-December 2020; 11% remained somewhat uncomfortable in July-August 2021. 30% of the participants rated the quality of care delivered by COSC worse than ADOS in November-December 2020. 37.5% rated this to be worse in July-August 2021. 77% of the respondents had technical or organisational difficulties, which could result in missing non-verbal cues during the assessment.

Conclusion. Clinicians' experiences improved over time and with practice (34% had delivered over 10 COSC assessments in July-Aug 2021). A hybrid model may increase the quality of care of the approach, as well as careful selection of cases which would be suitable for an online assessment. There is scope for the continued use of the remote ASD pathway, taking into account patient and clinician preferences, however patient feedback will be necessary as a next step in this evaluation.

Identifying Transition to First Episode Psychosis (FEP) From 'At Risk Mental State' (ARMS) in Sussex Early Intervention in Psychosis (EIP) Services

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Aims. Identification of a psychosis risk syndrome to aid reduction of transition to a FEP is an important focus of worldwide research. ARMS for psychosis was defined by Yung and McGorry in 1996. UK EIP services were mandated to identify and 'treat' ARMS in the 'Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance' 2016. Sussex EIP services developed such an ARMS service with a 1-year pathway of assessment, intervention as indicated, and monitoring from 2017. Sussex serves a population of approximately 1.4 million, including areas with both low and high social deprivation indices. Transition rates from ARMS to FEP in recent studies have suggested widely varying rates of 8–17% of transition in a two-year period, notably less than initially identified by Yung