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doi: 10.1192/bjo.2024.465

Aims. Community mental health transformation relies on the integration of NHS, local authority, and voluntary agencies to deliver mental health care and support where and when people need it. There is a concern that resources may be diverted to services focused on those with less severe problems and without robust outcome data. We plan to develop a network of self-sustaining mindfulness support groups in a disadvantaged locality with very limited community resources. We provided a pilot mindfulness programme to a group of mothers of primary school age children in East Cleveland.

Methods. Participants were recruited through poster adverts at a primary school. The programme was delivered through 12 weekly hour-long sessions at the school. The group facilitators had basic training in mindfulness. The aim was to teach basic mindfulness practices that could be used in everyday life, including breath work, meditation, and journaling. Mental health status at baseline, mid-point (week 6) and end point (week 12) was measured using the GHQ-12 (score 0–36 and a threshold for likely psychiatric disorder). Data was analysed using *t* test for continuous scores and χ^2 test for caseness.

Results. 14 women responded to the invitation and 9 completed the programme attending a mean of 11.2 sessions. The mean age of participants was 37.4 years and 8 reported previous mental health treatment with medication or psychological therapy, with 4 currently taking medication, but none were known to secondary mental health care services. GHQ-12 scores at baseline indicated significant levels of mental health distress (mean score = 24.1, caseness = 100%). At the midpoint there was a 56.2% reduction in GHQ-12 scores, and this increased to 62.0% at the endpoint. 2 participants remained GHQ cases at both follow-up assessments. The improvement was highly significant (baseline mean score (SD) = 24.1 (2.71); final mean score (SD) = 9.11 (6.15); paired *t* test: *t* = 7.23, *df* = 8, *P* = 0.0001).

Conclusion. This was a novel programme where participants gained access through being parents of primary school aged children. Despite being an unselected community sample, the participants reported significant levels of psychological distress. This highlights both that most people with mental health problems have no contact with psychiatric services and that there remains a high level of unmet need in the community. In this sample, a remarkable level of improvement was demonstrated from a relatively simple and straightforward intervention. Clearly, this will benefit from replication in greater numbers in more diverse samples and settings and with follow-up to see if the benefits persist beyond the intervention phase.

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.

Review of Equity of Access to Treatment for Gambling Harms in Racial and Ethnic Minority Populations: A Mixed Methods Study

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doi: 10.1192/bjo.2024.466

Aims. The NHS Southern Gambling Service (SGS) is a service providing evidence-based assessment and treatment for people affected by Gambling Disorder (GD) across the South-East of England. This service evaluation aimed to ascertain whether SGS was offering equality of access to treatment and suitable provision of treatment to ethnic minority communities, and whether there were barriers making it difficult for people from ethnic minority communities to access and engage in treatment for gambling harms.

Methods. Quantitative ethnic origin demographic data was obtained from 120 referrals to SGS between September 2022 and October 2023. These were statistically compared with the ethnic origin demographics of the general population in the same geographical area, as identified by Office of National Statistics (ONS) Census 2021 data. Qualitative data was collected through interviews with three participants from ethnic minority populations who were engaged in treatment with the service. Relevant themes in the qualitative data were identified using thematic analysis.

Results. Quantitative data results indicated no significant statistical differences in most ethnic origin categories between the proportion of referrals to SGS from the ethnic origin and the recorded proportion of this ethnic origin in the general population. There was a greater difference for the “other ethnic group” category (chi square *p* < 0.05, uncorrected), which was likely due to a difference in categorisation of ethnicity between SGS and ONS in 2021 Census.

The qualitative review identified themes of value of money, stigmatisation, different cultural attitudes towards gambling, and experiences of healthcare. GPs were identified as the first step towards seeking help for gambling.

Conclusion. These results suggested that SGS was offering equality of access to treatment for people from ethnic minority populations and that there were not significant barriers preventing people from ethnic minority populations accessing treatment. The reported positive experiences of participants’ referral to and treatment with SGS indicates that for these participants suitable provision of treatment had been offered by our service.

With the thematic analysis identifying GPs as the first step towards seeking help for their gambling, this study indicates the importance of the gambling service working closely with primary care for the equitable access to treatment from gambling harms on a regional level.

These preliminary findings are based on a limited, small sample. Further research using a larger, more diverse sample to gain a deeper knowledge would be advised to further shape the service offer to ensure equity of access.

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“It’s Changed My Mind-Set About the Idea of Motherhood”: An Online Perinatal CFT Group Service Evaluation

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doi: 10.1192/bjo.2024.467