

¹Bestill for mind and body, Redcar, United Kingdom and ²Tees, Esk and Wear Valleys NHS Trust, Middlesbrough, United Kingdom

*Presenting author.

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

Mrs Deborah Davidson-Hine^{1,2*}, Dr Helen Lloyd², Dr James Close², Dr Konstantinos Ioannidis¹ and Dr Mat King¹

¹Southern Health Foundation Trust - Southern Gambling Service, Southampton, United Kingdom and ²School of Psychology,

University of Plymouth, Plymouth, United Kingdom

*Presenting author.

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.

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.

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

Ms Joanna Douzenis* and Ms Mahnoor Lashari

West London NHS, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.467

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

Dr Devakshi Dua^{1*}, Ms Hannah Gresswell-Thompson², Dr Zaib Nisa², Dr Ihaab Matabdin² and Dr Zaim Mohdesham²

¹Midlands Partnership NHS Foundation Trust, Stafford, United Kingdom and ²Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.468

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.

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.

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

Dr Talia Eilon^{1*}, Dr Sacha Evans¹, Dr Suresh Pujar¹, Ms Lily Orme¹ and Ms Abbie Smith²

¹Great Ormond Street Hospital, London, United Kingdom and

²University of Durham, Durham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.469

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.