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Aims. This study focuses on the North Central London Child and Adolescent Mental Health Services (NCL CAMHS) Co-production workstream, initiated to establish co-production as a foundational method for service planning and delivery in the NCL region.

To understand what the CAMHS experts by experience members found useful and did not find useful in co-production projects within Barnet Enfield and Haringey Mental Health NHS Trust and NCL wide co-production.

Methods. Semi-structured interviews conducted with experts by experience within the Barnet Enfield and Haringey (BEH) NHS Trust aimed to explore their co-production experiences, identifying facilitators and barriers. The study employed an inductive thematic analysis, grounded in a constructionist epistemological position, to analyse qualitative responses from semi-structured interviews. Braun and Clarke's (2006) methodology guided the analysis, consisting of six phases. The researchers emphasized reflexivity, reflection, and maintaining coherence, consistency, and flexibility throughout the recursive process. The voices of the lived experience co-production members played a central role in the research, influencing the entire report.

Two members of the NCL CAMHS lived experience group served as "Lived Experience Researchers" and received training on coding reliability based on Braun and Clarke's (2006) guidance.

Results. Thematic analysis revealed several key findings. Recognition of co-production values within the group highlighted the importance of giving voice to service users, valuing their individual experiences, and promoting power-sharing. Facilitators included good team working, valuing diversity, accessible online sessions, and promoting equality through interactions. Conversely, barriers included inconsistent meeting timings, power imbalances, and a consultation-style dominance. Participants expressed the need for more involved projects and recommended a transformation of BEH's co-production strategy.

Conclusion. Recommendations for BEH include a comprehensive evaluation of their co-production projects on the ladder of participation, emphasizing the importance of higher-level collaborations. Training for staff on co-production principles is crucial for fostering a mindset shift, and the establishment of a dedicated co-production team, including a co-production lead, is advised by service-users who co-produce. These roles can drive co-production projects, provide organizational structure, and facilitate stakeholder engagement.

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Service Evaluation: Yoga Class Benefits for Mental and Physical Health in Mother and Baby Unit

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Aims. During the perinatal period women are at increased risk for mental health illness. It is estimated that around 0.5 in 1000

deliveries will result in admission to the mother and baby unit (MBU). Recovery is achieved by combining pharmacological treatment with holistic approaches. The majority of MBU settings will offer a variety of sessions that aid relaxation, reflection, and bonding. We have chosen to trial an additional service – Yoga class. It is known that Yoga is beneficial not only for strength, flexibility, and chronic pain but also for improved concentration, relaxation, and anxiety reduction.

Methods. Service evaluation took place in 8 bed, inpatient MBU. Selection criteria included non-pregnant women who had 4–6 weeks postnatal health check, were interested in trialling the class and were willing to complete pre- and post-class selected questions from the Dialog scale. The total number of Yoga classes conducted was 9 but there was no set number of classes for patients to commit to. Sessions were run between October 2023 and February 2024. Dialog scale was selected as a well-established outcome measure within the ward. We measured 3 areas by a Dialog scale (physical health, mental health, and leisure). The rating range was 1–7 with 1 being totally dissatisfied and 7 totally satisfied. Questions were completed before and after the class.

Results. In total 7 patients attended at least 1 Yoga class. We have calculated pre- and post-class average scores to measure change in selected outcomes. Physical health self-reported evaluation improved from 4.09 (SD = 0.79) to 4.48 (SD = 0.71). Mental health score improved from 3.61 (SD = 0.96) to 4.29 (SD = 0.99). Leisure score rose from 3.67 (SD = 1.3) to 4.34 (SD = 0.55). From the class record it was noted that overall, the uptake of the class was encouraging with 85% of patients returning to the Yoga with on average completion of 3 classes. 6 out of 7 patients did not attend further classes due to discharge or other commitments rather than withdrawing from classes.

Conclusion. From the collected data we can see that Yoga classes appear to be associated with moderate improvements in mothers' mental and physical health, at least immediately post-class. Whether this translates into long-term benefits remains unknown. Our service evaluation indicates that Yoga can be a beneficial part of holistic management for mothers in the MBU setting. In the future, this study could also involve pregnant mothers, who are an important population within the MBU setting.

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Advice and Guidance in Mental Health: A Transformational Approach

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Aims.

- To strengthen shared decision making between psychiatrists and general practitioners (GPs) while avoiding needless outpatient activity.
- To promote a seamless partnership between GPs and psychiatrists that will improve efficiency and effectiveness for better patient health outcomes.
- To improve patient journey whilst responding to operational pressures.
- To test GPs engagement and satisfaction.

Methods. Following GPs engagement sessions, a 12 weeks pilot was conducted with the Bath and North East Somerset (BaNES) Primary Care Liaison Service (PCLS) and the 6 Primary Care Networks (PCNs) in BaNES. 22 GP surgeries were allowed access to Advice and Guidance (A&G) system using a digital platform. The pilot ran from 3rd April to 25th June 2023, focussing on answering non-urgent queries related to: psychotropic medications, mental health presentations, and the wider mental health system signposting and awareness.

One Consultant Psychiatrist and One Associate Specialist in Psychiatry were involved. The asynchronous system (eOpinion) with an expected response time of 3–5 working days was used.

To allay any governance risks and to act as a backup should the A&G system process fail to record appropriately, a dual recording of the A&G given – both in the A&G digital platform and the patient electronic record was implemented. Further governance structures were built into the project to establish that actions undertaken by the psychiatrists were effective and justifiable.

Results. 82 requests received over the 12 weeks period.

20 out of 22 surgeries took part.

The Psychiatrists spent on average of 3.5 hours per week answering A&G requests. The administrative team spent on average one hour and three quarter per week processing A&G responses.

Although no significant impact on total referrals was noted, there was indication that demand was moving from the referral to A&G request.

All requests were responded within 2 working days.

Requests from GPs were largely appropriate with 88% resulting in advice and guidance, indicating an improved patient journey.

Minimal impact on the operational processes.

Positive feedback from GPs with 91% finding the A&G system useful or very useful. They were keen for the offer to continue.

Conclusion. Effective inter-professional collaboration between GPs and psychiatrists is essential in enhancing patients' overall health outcomes and experiences. For mental health services, this transformational approach should continue to enhance the existing offer. However, we should remain mindful of the potential risk of increased workload burden in General Practices, and the implications of this new clinical model on staff based in specialist services.

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Clinical and Non-Clinical Complaints Towards a Mental Health Service in the West of Ireland Over a Seven-Year Period

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Aims. To examine whether the rate of clinical and non-clinical complaints towards a mental health service (MHS) in the west of Ireland has changed over the preceding seven years. We aim to clarify the pathways for managing clinical and non-clinical complaints locally and compare with other MHS nationally. We aim to capture the nature of complaints, potential factors in

any change in rate and quantify associated workloads via survey of senior clinicians involved in managing complaints.

Methods. We obtained anonymous data from a local database maintained by administrative staff regarding annual complaint numbers for the previous seven years (2016–2022). Data separating clinical and non-clinical complaints were available for the previous four years only due to previous recording practices. Current complaint pathways were captured via administrative staff. A survey via telephone or email of Executive Clinical Directors (ECDs) typically involved in complaint management was conducted.

Results. Annual rates of complaints have increased in the past four years, with these representing higher totals than any of the three previous years (2019–2022, $n = 27, 23, 23, 46$ v. 2016–2018, $n = 21, 12, 14$). A significant increase in rate is noted in 2022 ($n = 46$) representing at least double the rate of five of the preceding six years. Clinical complaints are more predominant than non-clinical across a four year period (mean = 59% annual total) but no significant change in rate was noted. Rates of complaints are perceived to have increased in the previous five years by ECDs ($n = 4$). Repeat complainants are perceived to be common ($n = 4$). Workload regarding complaints is reported to be variable between services ($n = 2$, 0–4 hrs/week v. $n = 2$, 4–8 hrs/week). A clear appeals pathway is unavailable regarding clinical complaints across MHS ($n = 4$). A disparity between MHS around clinical complaints structures and recording practices between services is noted.

Conclusion. Overall rates of complaints towards MHS have broadly increased in the last four years, with a significant increase in 2022. There appears to be a significant disparity in structures between both clinical and non-clinical complaints pathways and between individual MHS. Further research in this area and a standardised national framework for management of clinical complaints is needed.

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One Stop; Addiction, Obstetrics & Perinatal Mental Health Pathway in North East Essex

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Aims. Addiction services in Essex are provided as a collaborative by NHS run Essex STaRS, Open Roads, SHARP and ARC provide psychosocial care. YPDAS supports the young people.

Observed gap: Pregnant women with addiction problems were running from pillar to post to receive care and support needed during this challenging phase of their life.

The one stop clinic provided an all-encompassing care pathway to fill the above need and improving outcomes for mothers and babies.

Methods.

Description:

The new pathway was setup in 2019 on a hub & spoke model. The one stop clinic was at centre, comprising Substance Misuse, Midwifery and Obstetrics. The spokes included Perinatal-mental