has been initiated to improve the delivery of the sessions with minimal disruption to clinical duties. This paper is aimed to share the preliminary experience of the process of digitalisation of the induction programme.
Methods. The pilot regional induction with the above changes was carried out on August 4, 2023 via Microsoft Team Meetings and was accessible to new starters from all three sites in North Wales. The sessions consisted of talks from consultants, the lead clinical pharmacist, the ST in psychiatry and clinical services/Rota coordinator. The induction was divided into morning and afternoon sessions. The participants consisted CTs in psychiatry, GPSTs, and FY trainees. The session was recorded and a pre-recorded session on history taking was introduced. Any queries about pre-recorded session were answered by the chair of session.
Results. It was found that an estimated time saved per induction was 285 minutes with an overall saving for 3 inductions per year of 14.25 hours. The estimated cost saved (based on the lowest pay scale in NHS, £) was £151.13 with an overall saving for 3 inductions per year of £453.39. There were two Assessments of Teaching (AoT) and two Direct Observations of Non-Clinical Skills (DONCS) signed.
Conclusion. Digitalising the regional induction helps to save both time and cost for the health board. It also reduces the risk of speakers in availability. Furthermore, the recording can be sent out early to all the JDs before they join MHLD, which can facilitate a quicker orientation into the new role. It is also a good opportunity for core and specialty trainees to achieve competencies for leadership and teaching.

4 Service Evaluation

Evaluating the Effectiveness of Skills Training in Affective and Interpersonal Regulation (STAIR) Therapy for Complex Post Traumatic Stress Disorder Delivered by Core Psychiatry Trainees

Dr Dasal Abayaratne*

Sheffield Health and Social Care NHS Foundation Trust, Sheffield, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.455

Aims. This project aims to evaluate the effectiveness of Skills Training in Affective and Interpersonal Regulation (STAIR) psychotherapy delivered by Core Psychiatry Trainees (CPTs) within the Sheffield Specialist Psychotherapy Service; a regional tertiary psychotherapy service for people with complex trauma and personality difficulties.

STAIR is a manualised evidence-based skills-based psychotherapy for people with Complex Post Traumatic Stress Disorder (cPTSD) awaiting trauma processing that is deliverable by a range of qualified and non-qualified staff. It was introduced to address two key difficulties the service faces: a long waiting list for trauma processing potentially contributes to patient deterioration, and a difficulty in identifying suitable cases for CPT short psychotherapy case requirements given the majority of potential patients awaited longer term psychotherapy.
Methods. A modified STAIR protocol was developed to meet the requirements of CPTs.

A 1-year prospective evaluation was used to compare pre and post patient reported outcome measures. These include the Nine item Patient Health Questionnaire (PHQ9) for depression symptoms, Impacts of Events Scale Revised (IES-R) for trauma symptoms, Recovering Quality of Life – 10 question (ReQoL-10) for quality of life, and the Short form Inventory of Interpersonal Problems (IIP-32) for relational symptoms. Descriptive statistics were used and data analysed using repeated measure t-tests.
Results. 17 patients completed STAIR delivered by CPTs. There was statistically significant mean improvement in Quality of Life ($p = 0.001$), trauma symptoms ($p = 0.009$) and depression symptoms ($p = 0.019$). Mean ReQoL-10 and IES-R improvements additionally met criteria for reliable change. There was non-significant ($p = 0.0146$) improvement in relational symptoms measured by IIP-32.
Conclusion. This evaluation demonstrates promising patient outcomes from STAIR delivered by CPTs for people with Complex PTSD awaiting trauma processing. This may help both negate any potential deteriorations whilst awaiting therapy, as well as prepare patients. Further evaluations could focus on acceptability and outcomes for CPTs.

Whilst the nature of this small evaluation limits further interpretation and generalisability, this pathway offers a promising means of meeting CPT psychotherapy competencies whilst also improving outcomes for patients.

Developing the New Kent Complex Psychosis Service (KCPS): Reducing the Limitations Imposed by Treatment-Resistant Psychosis

Dr Aderopo Adelola[1]*, Dr Eromona Whiskey[1,2], Mrs Patricia Morgan[1], Mrs Agostina Secchi[1] and Mrs Hayley Stentzel[1]

[1]Kent and Medway NHS and Social Care Partnership Trust, Canterbury, United Kingdom. and [2]Kent and Medway Medical school, Canterbury, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.456

Aims. A third to a half of patients with psychosis fail to recover to premorbid levels of functioning. Within these are a group of patients with treatment-resistant psychotic disorders, whose presentations are complex, with significant comorbidities, prolonged hospital admissions, and poor social and occupational functioning. Reports suggest an underutilization of clozapine, which is the licensed treatment for resistant schizophrenia for reasons ranging from prescribers' expertise or reluctance to intolerable side effects and comorbid psychiatric or medical conditions. In Kent, Surrey, and Sussex, clozapine prescription is only 4.93%, which is the third lowest among NHS England Regions.

Complex psychosis in Kent and Medway NHS Partnership and Social Care Trust (KMPT) was handled through a referral through the Out-of-Area Treatment panels to the South London and Maudsley (SLAM) Psychosis unit. This had lengthy wait time for admission and required approval for out-of-area costs which can be significant for longer admissions, placed a considerable travel burden on the family/carers, and made it difficult for reintegration into the local community.
Methods. The KCPS was set up as a consultation service to ensure that patients receive the right care to facilitate recovery and that our healthcare professionals and teams are supported in meeting

the needs of patients with complex psychosis. This multidisciplinary service, comprising psychiatrists, pharmacists, occupational therapists, and administrators, commenced functioning in January 2023 and we examined the first year of operation. KCPS reviewed the detailed psychiatric/medication history, highlighting prior treatment and effectiveness, with a focus on doses, tolerability, duration, and adherence; we explored the social, occupational, and psychological functioning of each patient; liaised with referrers/carers, reviewed the relevant research literature and provided holistic recommendations to the referrers.

Results. From January to December 2023, there were 36 referrals from a mixture of services, 26.3% of these were from acute wards. The patient's mean age was 42.8 years; 75% were male; the most common diagnosis was schizophrenia (50%), and the commonest comorbidities were Autism spectrum disorder and diabetes (13.9% and 27.8% respectively). Feedback from referrers and carers reported a high level of satisfaction with the service.

Conclusion. Reasons for referral included diagnostic uncertainty, comorbidity, intolerable side effects of clozapine leading to its early discontinuation, and poor psychosocial functioning. The KCPS recommendations were deemed useful in changing the trajectory of illness in some individuals, leading to early discharge and avoiding an out-of-area placement for treatment. Professionals appreciated the opportunity to discuss complex cases in a supportive, friendly, and in-house environment.

Time From Diagnosis of Lewy Body Dementia to Death: Retrospective Study Exploring Patients Within Humber Older People's Mental Health Services

Dr Sunday Adeoye* and Dr Manorama Bhattarai

Humber NHS Trust, Hull, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.457

Aims. Lewy Body Dementia (LBD) is the second commonest dementia. It accounts for around 7% of dementia cases in secondary care. Studies have shown that LBD patients have an accelerated trajectory towards death when compared with other forms of dementia. Studies have suggested that LBD cases, as compared with Alzheimer dementia, have accelerated cognitive decline, more comorbid conditions, a higher mortality rate, greater service use and poorer quality of life. Most previous studies of LBD have been based on select research cohorts, so less is known about the naturalistic patterns, characteristics, and outcomes of the disease in routine clinical settings.

The aim of the study is to determine the average duration from the time of diagnosis to death among patients with Lewy body dementia in OPMH to understand the prognostic pattern of LBD in our locality.

Objectives

1. To determine the commonest age of diagnosis and death of patients diagnosed with LBD in OPMH.
2. To explore sociodemographic distribution of patients within the study population.
3. To determine the time from diagnosis to death of patients diagnosed with LBD in OPHM.
4. To determine the common psychotropics combinations used in management of LBD in our psychogeriatric unit.

Methods. This is a retrospective cross-sectional study of all the patients with diagnosis of LBD that presented to Humber Older People Mental Health Services in Hull. The sample consisted of electronic records of all 39 patients under the team but only 38 met the inclusion criteria. Patients' records were reviewed and information such as gender, ethnicity, age at diagnosis, age at death or age at recruitment if alive, and psychotropic medication they are/were on was retrieved from the records. The time from diagnosis to death was obtained by subtracting age at diagnosis from age at death and this is recorded in years.

Results. The result showed that majority of our patients were male and about 68.4% of our patients received their diagnosis between the age of 70 and 84 years and that 59.3% of them died within 5 years of receiving their diagnosis. The result also showed that the commonest psychotropic prescribed for LBD patients were single anticholinesterase inhibitor (donepezil or rivastigmine).

Conclusion. This study showed that majority of patients died within 5 years of receiving their diagnosis of Lewy body dementia. This underscores the fatality and mortality associated with Lewy body dementia. More needs to be done in developing strategies to ensure improved awareness of Lewy body dementia in our community.

Reasons Why Patients Are Turned Down From Treatment at a Personality Disorder Service: Implications for Referrers and Personality Disorder Services

Miss Suvitha Krishnan[1], Mr Kemal Ibrahim[1], Miss Josephine Agyeman[1]*, Mr Harry Reid[2] and Mr Tennyson Lee[1]

[1]East London NHS Foundation Trust, London, United Kingdom and [2]Barnet Enfield and Harringey NHS Foundation Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.458

Aims. Patients referred to a Personality Disorder (PD) Service are frequently not offered treatment. This has profound implications for patients (who feel dismissed or rejected), referrers (who are perplexed as they have clearly diagnosed a PD) and the PD services themselves (their raison d'etre being to treat PD patients). A systematic search identified no literature on reasons for non-acceptance. This study aimed to describe reasons for not offering therapy in patients, after a specialist assessment.

Methods. We conducted a case series of 50 patients assessed in a specialist PD service. We collected data from routine service notes, using thematic analysis to identify categories of the reasons identified for treatment unsuitability.

Results. Reasons for assessing treatment unsuitability (in descending order) were:

1. (20%) – Lack of engagement (e.g. repeated non-attendance of appointments) and motivation to change (e.g. externalising all responsibility, or believing they completely lacked agency in their actions).
2. (18%) – Extremely harmful substance misuse or dependence.
3. (13%) – The underlying diagnosis (e.g. not meeting diagnostic criteria for a personality disorder or a severe psychopathy) and level of severity (e.g. too mild for a specialist service).

https://doi.org/10.1192/bjo.2024.456 Published online by Cambridge University Press