

Results. The service launched in March 2023 with 100 referrals in the first 9 months.

35 patients have completed Tier 1, taking between 2 and 6 months to complete.

Patients who completed Tier 1 showed clinically significant reductions in psychological distress and improvements in global functioning, quality of life and perceived mental health difficulties.

These were statistically significant at $p < 0.001$ for all measures (EQ5D, ICECAPS, WSAS, CGI, PRO, CORE-10) ($28 < n \leq 34$).

Conclusion. Rates of retention in treatment are greater than expected amongst this complex client group and the significant global improvements support the notion that those on LAIB present with increased stability and ability to engage in therapy, and that a tiered flexible approach to therapy can promote psychological safety and engagement and sustained recovery.

We propose that a tiered trauma-focused psychology service is well placed to meet the needs of people on LAIB and should be a core component of LAIB treatment in the UK.

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An Evaluation of the Costs and Benefits of the New Psychological Support Service for Patients On Long-Acting Injectable Buprenorphine

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Aims. Long-acting injectable buprenorphine (LAIB) is an opiate substitution therapy which controls cravings and other symptoms for at least 28 days. Using this medication eliminates daily visits to the pharmacy, the risk of deviation or overdose from OST and death from overdosing with opiates. Many of those on LAIB return to the lives they left before they became addicted to opiates, but some require additional support from a new bespoke psychological service.

The new service with funds for two years opened in March 2023. An evaluation of the service is required before funding ends to ensure renewal. Here we discuss the costs, benefits and assumptions we have used to demonstrate cost effectiveness.

Methods. Patients referred to the service are asked questionnaires and clinical outcomes at the start and end of the programme. We have used the EQ5D throughout as from this we can calculate the QALYs that NICE uses to value cost effectiveness. We have extrapolated that the benefit will last 4 years based on the COBALT study (Wiles 2016). We will be following the patients up at 12 months to test this but have no funds to follow up to 4 years. We have assumed that patients would have remained the same without this therapy.

Results. The service has a budget of £23,812 a month and 5.17 patients a month ($n = 31$ July to December 2023) completed treatment. The average gain in EQ5D utility score per patient ($n = 33$)

at discharge was 0.234 [0.140, 0.328]. If the quality-of-life score (EQ5D) at discharge is maintained in the same way as that for CBT in the COBALT study, the total number of QALYs gained from referral to 4 years would be 0.876. The cost-effectiveness ratio is therefore £5,261 per QALY gain. If the assumptions are correct and the patients retain this benefit this could be easily offset by savings elsewhere that have not been estimated in this evaluation.

Conclusion. Our analysis shows we are cost effective, but we may be cost neutral due to the potential savings accrued due to less substance misuse – currently costed at £58K per user per year (Home Office). The use of additional questionnaires for assessing NHS resource use or criminal activity could derail the success by overburdening participants. Evaluating roll out to other sites needs to be costed and proportional.

With thanks to all who have helped with an infectious enthusiasm – we may be cost-effective.

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Patient Outcomes in Crisis Resolution and Home Treatment Service: A Retrospective, Observational Study in Wolverhampton

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Aims. Crisis Resolution Home Treatment Team (CRHT) provides short-term treatment for psychiatric patients in the place of residence, dealing with mental health crises, risks, deterioration, and preventing hospital admissions. This team works round the clock, seven days a week. This study aimed to analyze the clinical outcomes of the service provided by the CRHT in Wolverhampton.

Methods. In a retrospective, observational, explorative study design, data was collected from the electronic medical records of 100 (54 female and 46 male) consecutive patients who were treated under the general adult (age range 18–65 years) CRHT from 1st December 2022. We collected outcome variables such as symptomatic improvement, change in risk status, days of treatment under CRHT, and discharge destination.

Results. In the sample, 76% had one psychiatric diagnosis, and co-morbidities were present in 20%, with 4% of patients having no syndromal diagnoses. The most common primary diagnosis was personality disorder (24%), followed by psychotic disorders (22%), anxiety disorders 21%, and depression (20%). Overall risk status of red changed from 87% at admission to 17%, at discharge; risk to self from 43% to 17% ($p < 0.01$), risk to others from 11% to 1% ($p < 0.01$), respectively. The mean length under care of CRHT was highest with anxiety disorder (27.7 ± 18.2 days), followed by personality disorders 23.7 ± 17.9 days. Age and number of days under CRHT were negatively correlated, suggesting younger age was linked to higher number of days ($p < 0.05$). Most (71%) patients showed an improvement in their mental health, 15% deteriorated and got admitted to the psychiatric hospital, 9% did not engage and 5% were considered not suitable for care under CRHT for various reasons such as having no fixed abode. Most (80%) patients were discharged back to the community following the CRHT period.

Conclusion. Despite the limitation of subjective clinical assessments, the results suggested that the CRHT was effective in considerable proportions of patients with symptomatic improvement and a decrease in risk level, with a small proportion being admitted to a psychiatric ward. There is a need for objective evaluation of risk and symptomatic change using validated instruments and assessing patient experiences about the services.

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Psychiatric Admissions in NHS Lothian – What Can We Do Better?

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Aims. Psychiatric services are under increasing pressure to provide effective patient care with diminishing resources. In NHS Lothian, there is a sector-based model and chronic issues with lack of inpatient beds.

We aim to examine the admission to discharge process at the Royal Edinburgh Hospital (REH) for patients within the North-West sector of Edinburgh (NW) to identify areas for improvement.

Methods. We collected data for NW admissions and discharges from the five General Adult Psychiatry wards in REH in 2023, two of which are allocated NW wards.

Admissions to the Intensive Psychiatric Care Unit were excluded as they indicated differing severity, and discharges via the 'long-stay' ward were excluded due to other factors delaying discharge.

Data was collected from NHS Lothian Analytical Services and anonymised in line with NHS Information Governance Policy.

Qualitative data was collected anonymously from staff within NHS Lothian in the form of an online questionnaire to identify strengths and weaknesses of the current processes.

Results. In 2023 there were 133 discharges of NW patients in REH. The average age was 39 years old and most common diagnosis was a psychotic illness (36%).

Qualitative data identified that admitting patients to hospital is increasingly challenging due to capacity issues and the lack of a community transfer plan.

53% of NW patients were admitted to NW wards. 27% of patients were moved between wards during their admission.

Length of stay (LOS) and readmission rates were used as proxy measures to examine patient outcomes. Patients who remained on the same ward during their admission had an average LOS of 28 days. 22% were re-admitted within the calendar year. Outcomes were no better when patients remained on their sector ward.

Patients who moved ward during their admission to hospital had an average LOS of 47 days. 45% were re-admitted.

Conclusion. A lack of bed capacity is having a negative impact on patient care in NHS Lothian. Staff expressed concerns about the admission process and patients are moving wards during acute episodes of care to accommodate a sector-based model and chronic lack of capacity. Lack of continuity during admissions may be contributing to longer admissions and more re-admissions, further impacting on capacity.

A review of the strategic planning of NHS Lothian Psychiatric care is required, including capacity planning, admission protocols and policies on boarding patients. We will disseminate these results to support this process and any future work into this topic.

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Monitoring Antipsychotic Adherence in a Community Depot Clinic

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Aims. In conditions such as schizophrenia insight may be limited, leading to partial adherence to antipsychotic medication. This can result in lower remission rates in this group and increased disease burden. Depot injections allow close monitoring of treatment adherence and early intervention where needed.

We aimed to determine the treatment adherence of patients attending the outpatient depot clinic at the South Sefton Neighbourhood Centre (SSNC) for antipsychotic injections and compare adherence between depot medication administered at 1, 2, 3 and 4 weekly intervals.

Methods. We identified patients attending the depot clinic at the SSNC using depot cards. The RIO patient electronic record was used to find previous depot cards and to record the number of doses given each month and calculate the number of failed encounters over a twelve-month period.

We excluded patients receiving the injection at home and those where 12 months of data could not be collected.

Results. 42 (12 female, 30 male) patients were included. 18 had full adherence and 24 had partial adherence. Average adherence was 93%; 90% in the female group and 94% in the male group. We compared adherence to weekly (7 patients), 2 weekly (15 patients), 3 weekly (8 patients) and 4 weekly (12 patients) depot injections. Weekly and 2 weekly had an average adherence of 89%, while 3 and 4 weekly had an average adherence of 96% and 99% respectively. The average number of failed encounters was highest with the 2 weekly group and lowest in the 3 and 4 weekly group.

Conclusion. Adherence to antipsychotic depot treatment at SSNC is good with nearly half of the patients included having full adherence. 4 weekly depot injections showed the best adherence with an average of 99%. Following on from this study we would like to explore the reasons for partial adherence in the two weekly group as well as the impact this has had on this group of patients, looking specifically at relapse and readmission rates.

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Exploring the Experiences of the NCL CAMHS Co-Production Experts by Experience in Barnet, Enfield and Haringey Mental Health Trust: A Thematic Analysis

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