doctors' experience of delivering psychodynamic psychotherapy in LYPFT during the COVID-19 pandemic.

Methods. The project was carried out via a two-step methodology: Firstly with an online survey which included a quantitative analysis of the impact of the pandemic; and secondly via semi-structured interviews with a resultant thematic analysis.

Results. 22 junior doctors who were invited to participate, 15 completing the survey (68%). Four patients had deferred therapy; the mean length of deferral was 2 months. Ten respondents had sessions cancelled due to infection or self-isolation. Face-to-face delivery was experienced by 13 respondents, 5 respondents had delivered therapy via phone and 6 had delivered therapy with PPE. Thirteen were concerned about attaining their psychotherapy competencies. Seven preferred face-to-face supervision, and 4 preferred remote working.

Thematic Analysis of the semi-structured interviews identified three themes regarding the impact of the COVID-19 pandemic on Junior Doctors experience of Psychodynamic Psychotherapy, with sub-themes detailed below. Throughout the themes, the challenges and difficulties with delivering therapy in the COVID-19 pandemic, as well as areas of good practice and opportunities were identified.

The Work of Therapy (Remote Therapy, PPE and Therapy, COVID-19-related)

1. The Structure of Therapy (COVID-19 Guidance, Setting/Frame of Therapy, Boundaries of Therapy)
2. The Therapist's Training (Supervision, Attaining Competencies, Loss of Training Experience)

Conclusion.

Recommendations:

1. To create a short guide for junior doctors delivering Psychodynamic Psychotherapy during a pandemic.
2. To consider the types of supervision delivery within the Medical Psychotherapy Service
3. To ensure there is space for junior doctors within the Medical Psychotherapy department or a private space within their base placement, should remote therapy be required.
4. To ensure future plans related to possible pandemic restrictions address the need for good quality and strong internet connections/WIFI

Clinicians' Experience of Remote Assessment of Autism Spectrum Disorder Within the Barnet CAMHS Service

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doi: 10.1192/bjo.2022.384

Aims. 1. To evaluate clinicians' experiences of the newly implemented remote ASD assessment process (due to COVID-19), including the long-term sustainability and potential standardisation of this approach; 2. To establish areas for improvement in this process and make further recommendations.

Methods. Members of the Neurodevelopmental MDT completed an online survey, whereby feedback was collected regarding the use of the Child Observation of Social Communication (COSC), which had been adapted for online use from the standardised Autism Diagnostic Observation (ADOS) Schedule by a senior Psychologist[.Participants also responded to questions on other assessment domains, including the Developmental, Dimensional and Diagnostic interview, feedback and formulation meetings. Questions included their comfort with performing the assessment, theirs views on the quality of care provided and any difficulties they faced. Survey data were collected on two occasions: between November and December 2020 and between July and August 2021.

Results.

Positive Experiences

63% of respondents in November-December 2020 reported that COSC was a good alternative whilst standardised ADOS was unavailable. This increased to 100% in July-August 2021. Quality of care delivered by COSC was rated to be the same as ADOS in 70% of participants November-December 2020; 25% felt quality of care delivered by COSC was better than ADOS in July-August 2021. 73% of participants reported they would continue to use the remote assessment in the November-December 2020 survey. This increased to 88% in July-August 2021. 33% of the clinicians were very comfortable with administering the COSC in July-August 2021, 56% were somewhat comfortable.

Negative Experiences

27% of the clinicians reported being somewhat uncomfortable with administering the COSC assessment in November-December 2020; 11% remained somewhat uncomfortable in July-August 2021. 30% of the participants rated the quality of care delivered by COSC worse than ADOS in November-December 2020. 37.5% rated this to be worse in July-August 2021. 77% of the respondents had technical or organisational difficulties, which could result in missing non-verbal cues during the assessment.

Conclusion. Clinicians' experiences improved over time and with practice (34% had delivered over 10 COSC assessments in July-Aug 2021). A hybrid model may increase the quality of care of the approach, as well as careful selection of cases which would be suitable for an online assessment. There is scope for the continued use of the remote ASD pathway, taking into account patient and clinician preferences, however patient feedback will be necessary as a next step in this evaluation.

Identifying Transition to First Episode Psychosis (FEP) From 'At Risk Mental State' (ARMS) in Sussex Early Intervention in Psychosis (EIP) Services

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doi: 10.1192/bjo.2022.385

Aims. Identification of a psychosis risk syndrome to aid reduction of transition to a FEP is an important focus of worldwide research. ARMS for psychosis was defined by Yung and McGorry in 1996. UK EIP services were mandated to identify and 'treat' ARMS in the 'Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance' 2016. Sussex EIP services developed such an ARMS service with a 1-year pathway of assessment, intervention as indicated, and monitoring from 2017. Sussex serves a population of approximately 1.4 million, including areas with both low and high social deprivation indices. Transition rates from ARMS to FEP in recent studies have suggested widely varying rates of 8–17% of transition in a two-year period, notably less than initially identified by Yung

et al. We aimed to establish the rate of transition to FEP within 12 months from identification of ARMS in Sussex EIP services.
Methods. A retrospective study was conducted on all patients on the ARMS pathway, across five EIP services in Sussex, between Jan 2017-Oct 2021. The primary outcome measure was operationally defined transition to FEP; secondary outcome measures included clinical features and use of clinical services.
Results. 71 cases were identified as meeting ARMS criteria, with mean age 21.4yo; range 14–35, from a total new caseload of 447 over this period.

ARMS subcategories identified 4 state/trait, 55 attenuated psychosis and 12 BLIPS. Comorbidity was more common than not; mood disorders were identified in 17 cases. 23 cases met not in education, employment or training (NEET) criteria.

All cases received full care coordination by lead practitioners. 19 cases were prescribed atypical antipsychotics. 18 cases received formal CBT.

4 of the 71 cases transitioned to FEP within 12 months at mean time 35 weeks; range 28–45 weeks. 2 had attenuated symptoms and 2 experienced BLIPS. 3 were initially NEET.
Conclusion. We report a very low transition rate to FEP of 6% in this service, consistent with other such UK services. Whilst the ARMS sample is low in number, a clear impact on EIP service case management is identified. Risk saturation is arguably required to justify continuing this ARMS pathway, achievable by primary focus on the BLIPS subgroup. Wider review of UK ARMS services is required to reduce dilution of EIP service models and reduction of their well evidenced effectiveness.

Effectiveness of New Maternal Mental Health Service 'Thrive' in the Treatment of PTSD Symptoms Arising From Birth Trauma and Perinatal Loss

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doi: 10.1192/bjo.2022.386

Aims. The NHS Long-Term Plan includes the perinatal mental health objective: by 2023/24 'Maternal Mental Health Services' will be available across the country to provide psychological therapy for those who experience mental health difficulties directly arising from birth trauma and or/perinatal loss. We achieved early implementer status via application to NHS England and, using transformation funding received, 'Thrive' was piloted in East Kent. A gap in service provision was identified: some existing primary care services provide intervention for this cohort, however some people remain in psychological distress but do not meet the criteria for specialist perinatal mental health secondary care services; these secondary care services are not commissioned to support those who have experienced perinatal loss. Thrive is co-delivered by a mental health trust and acute healthcare trust; NICE recommended psychological interventions are provided by Psychological Therapists, Specialist Mental Health Midwives and a Peer Support Worker. The aim of this project was to evaluate the effectiveness of the Thrive pilot in reducing PTSD symptomology whilst also collating feedback from patients, their families and healthcare staff across the maternity system, in order to adapt the service offer for full county rollout.
Methods. 40 people who received care from Thrive from 11th January 2021 to 31st December 2021 were included in this evaluation.

Data were collected retrospectively at the end of each period of care via:

Clinical outcomes measures (quantitative):

- PCL-5: a 20-item self-report measure assessing the 20 DSM-5 symptoms of PTSD.
- CORE-34: a universal method of establishing well-being and risk.
- HoNOS (Health of the Nation Outcomes Scales): a measure of the health and social functioning of people with severe mental illness.

Patient Satisfaction Survey (qualitative).

Results.

- 100% of patients improved following Thrive intervention: PCL-5 (significant change = a reduction in score by 10–20 points has been met) / CORE-34 (clinically significant change = score above 10 initially and below 10 after intervention).
- Clinical improvement: HoNOS = 100% of patients improved following Thrive intervention.

Conclusion. Evaluation has evidenced the effectiveness of Thrive in successfully treating those with PTSD symptomology arising from their maternity experience. Post-treatment measures indicate that the level of trauma symptomology and the impact of psychological distress on the functioning of patients who have received intervention from Thrive has reduced to a sub-clinical level in all cases.

An Evaluation of the Referral Process From General Practice (Gp) to the North-West Community Mental Health Team (Nw Cmht)

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doi: 10.1192/bjo.2022.387

Aims. As more emphasis is placed on a move from the traditional hospital-based practice to care in the community, CMHTs are becoming the main channel for delivering specialist care in England. Access to most CMHTs occurs via written referrals, which vary significantly in content and quality. Such variability and inconsistency with the information provided can impact on the triage process and delay access to treatment for patients, making the process unnecessarily protracted and time consuming. One key factor that would drive the success and survival of CMHTs is how they gate-keep their service. This starts by adopting formal strategies when vetting and screening referrals. The aims were to determine if NW CMHT is responding to referrals appropriately, to consider if service users received good quality correspondence about referral decisions and if the outcomes of such meetings were properly documented.
Methods. The NW CMHT consists of 4 pods (A to D) and the audit included all GP referrals assessed by pod B over a month. A sample size of 28 referrals was included in the audit and the referrals were from 16 different GP practices. Data were obtained from patient electronic records and entered onto a SmartSurvey form for ease of collection prior to results being analysed.
Results. 32% of referrals came from two GP surgeries. Areas of good practice included all referrals being discussed within 4 days of receipt, and 50% reviewed by the next day. For referrals identified as needing further information and discussion, this was also done quickly between 2–5 days of receiving the referral.

https://doi.org/10.1192/bjo.2022.385 Published online by Cambridge University Press