

Service user feedback was positive with families highlighting ease of access to the service, intensity of intervention and a friendly environment as positives.

One parent remarked that they did not feel the Hub was the right setting for their child's care.

Clinician feedback highlighted the Hub as a positive support for community CAMHS with rapid access to intervention and communication from the Hub team mentioned as positives. One drawback identified was the intensity of intervention setting an unrealistic expectation for ongoing care.

Conclusion. The Hub appears a welcome addition to CAMHS with positive feedback from service users and clinicians. Ongoing development phase and evaluation is required.

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Pills, Potions and Psychosocial Support in Pregnancy and the Post-Partum: Evaluating Interventions in a Specialist Perinatal Clinic

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Aims. Psychiatric illnesses are common in the perinatal period and many women are treated with psychotropic medications. Prescribing psychotropic medications often raises concern among patients and clinicians, because of a lack of information and no license to prescribe during pregnancy. This project aimed to evaluate the interventions offered in a perinatal clinic against the Perinatal College Centre for Quality Improvement standards. This included evaluating medications prescribed in the antenatal and postnatal periods; counselling regarding medication risks and benefits, provision of verbal and written information and psychosocial interventions.

Methods. Data of 60 patients (30 antenatal and 30 postnatal) attending perinatal outpatient clinics covering two cities in Midlands, England, consecutively from November 1st 2023 were collected from electronic clinical notes and clinic letters. Patients who did not attend their appointment were excluded.

Results. The mean age of the sample was 30.3 ± 5.2 (range 19–41). Average gestational age was 6.5 ± 2.1 months (range 2.0–9.5) for antenatal women, and average postnatal duration was 6.5 ± 5.0 months (range 0.1–22.0) at the time of review. All women had psychiatric diagnosis, except one who was discharged back to primary care. The most common diagnoses were mixed anxiety and depression (38.3%), emotionally unstable personality disorder (38.3%), and postnatal depression (20%). The majority (75.0%) were prescribed psychotropic drugs. Antidepressants were prescribed in 66.7% of antenatal and 76.7% postnatal patients; most commonly prescribed overall were sertraline (33.3%) and citalopram (23.3%). Antipsychotics were prescribed in 30.0% of antenatal and 46.7% of postnatal patients. Aripiprazole and quetiapine were most commonly prescribed in the antenatal (both 13.3%) and postnatal (both 20%) periods. A larger proportion (40.0%) of women had as required medications; promethazine (20.0% vs 30.0%), diazepam (6.7% vs 13.3%) and zopiclone (3.3% vs 13.3%) were most frequently prescribed, with figures indicating prescription rates in the ante- versus

postnatal period. None of the medications were prescribed above licensed limits nor met criteria for high dose antipsychotic monitoring. Verbal and written information about medications was provided in 78.3% and 35.0% of all cases respectively. Most (65.0%) women were offered psychological therapies, and of these, 69.2% received it.

Conclusion. Most women in the perinatal period were prescribed psychotropic drugs, with higher proportions in the postnatal period. The findings suggested areas of improvement, such as offering written information, documenting the discussion of medication counselling, and to increase the psychotherapeutic support. It also suggests developing manualised educational interventions to improve information sharing with patients, and perinatal care.

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Significant Global Improvements for Opioid Dependent Patients Receiving 8 Sessions of Flexible Trauma Informed Psychological Therapies Whilst on Long Acting Injectable Buprenorphine: 9 Month Findings

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Aims. Opioid dependence is associated with adverse physical health, mental health and social consequences. Daily oral opiate substitutes offer some treatment gains but several negative associations including daily dosage fluctuations, long-term reliance on services and negative impact on ability to work.

Long-acting injectable buprenorphine (LAIB) is a new treatment option, extensively used in Wales since 2020. We have shown the many gains, including increased treatment retention, reduced service reliance, improved patient satisfaction and increased capacity for people to move on in their recoveries, are likely to be due to LAIBs unique combination of allostatic μ -opioid receptor agonism (craving reduction) and sustained κ -receptor antagonism (anxiolysis). However, ~50% experience resurfacing of mental health and/or trauma symptoms on LAIB that impedes recovery. The Buvidal Psychological Support Service, commissioned by Welsh Government, seeks to develop the evidence base for provision of rapidly accessible, tiered psychological support alongside LAIB to address this. Here we present initial 9-month findings.

Methods. Tier 1 of the service offers 8 weekly individual therapy sessions, delivered flexibly over 2–6 months, with an experienced trained therapist focused on psychoeducation, co-production of a trauma and compassion based formulation, and the development of skills to manage current mental health or trauma symptoms.

Pre- and post-evaluation programme assessed efficacy including: EQ5D-5L, Work and Social Adjustment Scale (WSAS), Clinical Global Impressions (CGI), PRO Severity and Clinical Outcomes in Routine Evaluation –10 (CORE-10).

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.