

## Child parent psychotherapy in the treatment of severe trauma in a 4-year-old child with co-occurring autism spectrum disorder

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doi: 10.1192/bjo.2021.543

**Aims.** This poster describes Child Parent Psychotherapy (CPP) in the treatment of severe trauma in a 4-year-old child with co-occurring Autism Spectrum Disorder (ASD).

**Background.** The London Infant and Family Team (LIFT) implements the New Orleans Intervention Model. It targets the mental health needs of under 5 year olds, providing evidence based assessments and interventions for infants, their parents and foster carers within the framework of the Family Court in England. The majority of children seen by LIFT have suffered severe trauma. LIFT delivers a range of interventions including CPP - a relational treatment for young children who have experienced trauma.

CPP seeks to intervene in a number of ways: provides developmental guidance, demonstrates that the child's behaviour has meaning and can be linked to past traumas, enables the child to have space to play and talk about what has happened, helps to name and contain emotions - supporting emotional regulation, and helps the dyad to understand each other. The dyadic relationship is key to the intervention - helping to establish safety for the child and strengthen the caregiver-child relationship, enabling the child to make sense of past experiences and learn new ways to express feelings. Exploration of trauma takes place through a combination of play and interpretations made by the clinician, who supports and holds in mind the experiences and history of both child and carer. There is evidence that CPP helps young traumatised children to become less anxious, more secure in their attachment relationships and more able to cue their needs. There is less evidence of the efficacy of CPP in the context of young children with a co-occurring diagnosis of ASD.

**Method.** The poster describes the assessment of a 4-year-old child of normal intelligence with a two year history of severe neglect, and physical and emotional abuse, who presented significant behavioural and emotional disturbance. Tools used to assess the child's behaviour, trauma symptoms and ASD are outlined. The process of CPP with the child and foster carer dyad is described. Outcome measures and symptom resolution are reported.

**Conclusion.** Co-occurrence of ASD did not prevent this child accessing trauma therapy. He engaged in symbolic play, made use of CPP interpretations, and achieved significant improvement in his symptoms. The differential diagnoses of trauma symptoms and ASD presenting in young children are discussed, alongside the importance of understanding and treating trauma in this context.

## Physical health assessment quality improvement project

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doi: 10.1192/bjo.2021.544

**Aims.** My aim was to ensure at least 60% of clients in the Acute Day Unit have a 'physical screening tool' entry.

**Background.** As a GP starting training in psychiatry I am very aware of the importance of physical health and the overlap between physical health and mental health. It has been found that there is a 20 year mortality gap for men and 15 year mortality gap for women in people with mental health problems. Thornicroft described this as 'the scandal of premature mortality'.

Nice Guidelines state: 'Reducing premature mortality by improving physical healthcare for people with severe mental illness remains an NHS England priority. Funding has been made available to ensure that at least 60% of people who have severe mental illness receive NICE-recommended physical assessments and follow up from 2018/19 onwards.'

The Acute Day Unit seemed to be the ideal situation to try to address this problem as clients are with us for 6-8 weeks during which time their physical health as well as their mental health can be optimised.

**Method.** I emailed the whole team to invite ideas and questions regarding the QI project and discussed it further at the MDT meeting. It was important at the start to get the whole team on board. Having discussed it we decided to put six blocks of thirty minute slots weekly into the timetable for physical assessments. These were to be booked in by the client's care coordinator. I also added a column onto our team spreadsheet to input whether or not the physical assessment had been done. Frequent encouragements and reminders were sent round the team of which clients still needed a physical assessment.

**Result.** Before the changes were made 25% of clients were having their physical assessments done. After the changes were made 63% of clients had their physical assessment done, three of the twenty seven clients having only started at the day unit that week.

**Conclusion.** Having made a change to the system of scheduling six regular slots for physical assessments there has been a dramatic rise in the number of clients having their physical assessment done. As this change has been to the system and will be continued automatically on the team calendar the improvement has been more easily sustained. We are keen to keep improving on this change with an ideal level of over 75% of clients having a physical health assessment.

## Staff's perspectives on physical activity in acute mental health general adult wards

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doi: 10.1192/bjo.2021.545

**Aims.** Physical activity (PA) has multiple health benefits for people with severe mental illness (SMI). Nevertheless, people with SMI engage in less exercise and more sedentary behaviour than the general population. Additionally, inpatient settings can exacerbate barriers to PA and facilitate sedentary behaviour. Staff's attitudes towards PA promotion may influence patient engagement. The aim of this study was to explore staff's views on PA for acute psychiatric inpatients, including enablers and barriers.

**Method.** An online anonymous survey with free text was sent to all 85 multidisciplinary team (MDT) members of two acute general adult wards, including nurses, doctors and allied health professionals. A qualitative approach was used to gain deeper understanding of the participants' perspectives. Manual thematic analysis was completed to identify discrete themes.

**Result.** Response rate was 64%, with 54 professionals responding. Notably, 100% agreed or strongly agreed that exercise is beneficial to physical and mental health. Nevertheless, 72% felt it was not