

Aims. We aim to systematically document our reflections regarding the establishment of a perinatal-focused Compassion Focused Therapy (CFT) group within an expanding service. It aims to highlight specific outcomes and client experiences resulting from group completion.

Methods. Synthesizing information from established CFT Group protocols across various National Health Service (NHS) contexts, scholarly investigations, and our CFT training, this study instituted a 10-week perinatal-CFT group intervention. Recruitment targeted individuals already engaged in our services, resulting in the referral and screening of eleven potential participants. Nine eligible individuals provided informed consent, with seven successfully completing the program. Assessments, including the Clinical Outcomes in Routine Evaluation (CORE-10), Postpartum Bonding Questionnaire (PBQ), The Forms of Self-criticizing/Attacking & Self-reassuring Scale (FSCRS), and Maternal Antenatal Attachment Scale (MAAS), were administered pre- and post-group. Quantitative findings were analysed and compared, supplemented by qualitative insights distilled from thematic analyses of feedback forms and post-group reviews with each participant.

Results. Though we had a small number of participants ($n = 4$) who completed the pre and post measures and the post group review, we received overall positive feedback for the group intervention. During the post group review and from their feedback forms, participants expressed the value of the group experience and found the discussions and exploration of CFT concepts to be helpful in reflecting on their self-critical thoughts.

On the Core-10, there was a reliable and clinically significant change for 75% of participants. Two participants completed the PBQ, and both showed a reliable but not clinically significant change in scores. We had one antenatal client who showed a reliable but not clinically significant change on the MAAS.

The FSCRS comprises three scales: Inadequate Self (IS), Reassured Self (RS), and Hated Self (HS). On the IS subscale, a reliable and clinically significant change was observed for 75% of participants. The HS subscale showed a reliable change but lacked clinical significance for 50% of participants. No reliable change was observed in the RS scale for any participant.

Conclusion. While the study's results are not generalizable due to the small sample size, positive feedback suggests the well-received nature of online perinatal CFT groups. Despite a preliminary evidence base, this paper contributes reflections and experiences, highlighting the potential effectiveness of online CFT groups in the perinatal period. These findings underscore the need for further research and exploration in this promising therapeutic approach.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Impact of rTMS Treatment on Utilisation of Mental Health Services

Dr Devakshi Dua^{1*}, Ms Hannah Gresswell-Thompson², Dr Zaib Nisa², Dr Ihaab Matabdin² and Dr Zaim Mohdesham²

¹Midlands Partnership NHS Foundation Trust, Stafford, United Kingdom and ²Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.468

Aims. Repetitive Transcranial Magnetic Stimulation (rTMS) is a non-invasive brain stimulation recommended by NICE for treatment of depression. Our aim was to study the impact of real world rTMS treatment on service utilisation.

Methods. Data was collected for all patients who received rTMS treatment at the Centre for Neuromodulation Services (CNS) and followed up for 6 months. Sociodemographic data was collected for all patients. To understand service utilisation, data was collected to record involvement of mental health services including Community Mental Health Team, inpatient admission, Crisis and Home Treatment, Psychiatry Liaison and Talking Therapies.

Results. Fifteen patients completed treatment in the year 2023 since inception of the service. All patients received 25 daily treatment sessions over a period of 5 weeks.

67% of the patients were female ($N = 10$). 93% of the patients were White-British ($N = 14$) with one patient with British-Indian ethnicity. The mean age of patients was 50.8 years.

One-third of the patients were involved with more than two services within the Trust in the 6 months before referral for rTMS. Historically, most patients were involved with Talking Therapies ($N = 13$; 86%), Crisis and Liaison Teams ($N = 10$; 67%) and inpatient services ($N = 9$; 60%). Two (13%) patients were not on any medications at the time of starting treatment. In the 6 months after completion of treatment, only 3 (20%) patients were involved with more than one service while 3 (20%) patients were discharged from services.

Conclusion. The referral pattern along with involvement of services revealed that complex patients requiring multiple services were referred for TMS treatment. The drop in number of services involved post completion of treatment suggests that TMS was effective in reducing service utilisation. The study sample was limited to a small group and the same would have to be repeated with a larger sample.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Parent Experiences of a Pilot Functional Neurological Disorders Clinic at Great Ormond Street Hospital (GOSH)

Dr Talia Eilon^{1*}, Dr Sacha Evans¹, Dr Suresh Pujar¹, Ms Lily Orme¹ and Ms Abbie Smith²

¹Great Ormond Street Hospital, London, United Kingdom and

²University of Durham, Durham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.469

Aims. There are a shortage of specialist services available for Functional Neurological Disorders, especially within the paediatric population. Patients and families often find themselves falling within the borderland between medical and psychiatric services. Functional symptoms can cause significant morbidity and disruption to the lives of children and young people, impacting their access to education and social lives. Early diagnosis and explanation of FND is a mainstay of treatment, and is associated with positive outcomes. A Functional Neurological Disorder pilot MDT clinic was set up within Great Ormond Street Hospital, with the aim to provide a one-off therapeutic assessment and psychoeducation. We surveyed families who attended the clinic to assess their experiences and outcomes.

Methods. A pilot clinic was set up for patients referred within GOSH with a confirmed diagnosis of FND. The Multidisciplinary team consisted of a CAMHS psychiatrist, paediatric neurologist, physiotherapist and occupational therapist. Patients received a one-off outpatient consultation to discuss FND symptoms and background history. Clinicians provided psychoeducation for patients and families about the diagnosis and devised treatment plans including follow-up assessments, onward referral to local services and a consultation with teams where appropriate. A follow-up survey was conducted using semi-structured telephone interviews and patient satisfaction questionnaires. Questionnaires were scored using a Likert rating scale (1: very dissatisfied – 5: very satisfied). Parents were asked about their understanding of the FND diagnosis and about their experiences of support from local teams.

Results. 25 patients diagnosed with FND were referred to the clinic. Of those, 20 patients took up the consultation. Patients presented with range of functional syndromes. 15 families consented to follow-up interviews. Parents rated their experience at the FND clinic highly (median score 5 – very satisfied). They were very dissatisfied with follow up care (median score 1). Only one patient remained under CAMHS at the time of follow up. 3 families had sought support privately. Parents subjectively rated their children's symptoms at follow up as: much worse (3); a bit worse (1); the same (7); a bit better (2) and much better (2).

Conclusion. Patients and parents demonstrated high levels of satisfaction with the one-off therapeutic assessment. The majority of parents reported that the GOSH consultation helped them to understand the diagnosis of FND. All families felt they had received inadequate support from primary care, local CAMHS services and schools. Patients who struggled to access support from CAMHS/ school were less likely to experience any improvement in FND symptoms and had poorer levels of functioning.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Enduring Benefits of Widespread TMS Implementation: Analysis of Data in Pennine Care NHS Foundation

Dr Donia El-Nemr*, Dr Stephanie Murch, Dr Micheal Kurkar, Dr Andi Stanescu and Dr Syed Haque

Pennine Care NHS Foundation Trust, Greater Manchester, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.470

Aims. Transcranial Magnetic Stimulation (TMS), characterized by its non-invasiveness and absence of recovery time, emerges as an optimal intervention for treatment-resistant depression. Operating through the induction of a time-varying electric field in the brain, TMS elicits action potentials in cortical neurons, leading to long-term neural inhibition and excitation, fostering neuroplasticity. Despite its efficacy, TMS remains available in a limited number of National Health Service (NHS) hospitals. This study aims to evaluate the use of TMS for treatment resistant depression and its impact upon service utilisation within Pennine Care NHS Foundation Trust.

Methods. A retrospective analysis was conducted on 76 patients diagnosed with treatment-resistant depression. Responders (n = 54) and non-responders (n = 22) were identified based on baseline, midpoint and endpoint assessments using HDRS,

Beck's Inventory, PHQ-9, and GAD anxiety questionnaires. Patient data was extracted from PARIS, the Electronic Patient Record system of Pennine Care NHS Foundation, encompassing NHS service utilisation pre- and post-TMS treatment.

Results. Comparison between 12 months pre and post-TMS treatment revealed noteworthy findings:

12 responders (22%) were admitted to hospital in the year prior to starting treatment with a total of 1134 and mean of 94.5 days. In comparison to post-TMS where 11 (20.4%) patients had total of 913 and mean of 83 days.

8 non-responders (36.4%) were admitted to hospital in the year prior to starting treatment with a total of 285 and mean of 36.5 days. In comparison to post-TMS where 3 (13.6%) patients had a total of 276 and mean of 92 days.

Outpatient appointments reduced by 15.4% for responders and 27.2% for non-responders.

Number of A&E admissions reduced by 79.3% for responders and 65.5% for non-responders.

Admissions to Home Treatment Team (HTT) decreased by 62.7% for responders and 86.7% for non-responders.

Post-TMS discharge from services was 25.9% for responders and 18.2% for non-responders.

Conclusion. This study underscores a reduction in service utilisation among treatment-resistant depression patients following TMS treatment, with some indication that a greater reduction is seen for responders to treatment. While there was limited benefit seen when analysing outpatient appointments and HTT involvement, a greater reduction was seen when evaluating A&E attendance and days spent in hospital. In addition to exploring the possibility of late response to treatment and how this affects non-responder data, future studies are needed to compare results with patients who did not have TMS. These studies will require larger study numbers to better analyse the enduring benefits of widespread TMS implementation within the NHS.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Outcomes of Treatment With Long-Acting Buprenorphine Injection in Individuals With Opioid Use Disorder Attending a Rehabilitation Center in the UAE

Dr Hossameldin Tolba¹, Dr Wael Foad^{1,2*}, Mr. Abdulrazaq Ameri¹, Dr. Saeed Abdullah¹ and Dr. Samer El Hayek^{1,3}

¹Erada Center for Treatment and Rehabilitation, Dubai, UAE; ²Dubai Medical College for Girls, Dubai, UAE and ³Department of Psychiatry, American University of Beirut Medical Center, Beirut, Lebanon

*Presenting author.

doi: 10.1192/bjo.2024.471

Aims. Opioid use disorder (OUD) is a global burden with significant morbidity and mortality. Standard of care often includes integrated treatment programs combining psychosocial interventions and Medication Assisted Therapy (MAT) which includes methadone, Buprenorphine (BUP) and Naltrexone. BUP, a partial u-opioid receptor agonist, has shown to increase patient treatment retention, reduce relapse, and improve quality of life. BUP Oral formulations can be associated with misuse, diversion, and non-adherence. Despite availability, many individuals don't receive adequate MAT treatment or discontinue medications prematurely,