

We surveyed staff from all disciplines (N = 20) with a questionnaire consisting of 3 qualitative questions, to identify their views on waiting times and areas to optimise.

We performed thematic analysis on all qualitative responses. We analysed quantitative data with descriptive statistics.

Results. From 2021–22, the number of accepted referrals to individual disciplines increased: for example referrals to psychiatry increased by 51.6% and referrals to OT increased by 32%.

With regard to flow, the ratio of discharges to accepted referrals in the psychiatry discipline decreased from 1.5:1 to 0.6:1.

A significant proportion of service users reported waiting months (31%) or years (16%) to be seen by the learning disability team. 28% of service users reported additional problems while waiting to be seen. 31% were unaware whether they were on a waiting list or not. Quantitative data showed average waiting times for psychiatry services did not change from 2021–2022 (23.1 and 23.3 days respectively).

Thematic analysis from service users' responses revealed an anxiety about needs not being met; a feeling of problems deteriorating while waiting; and communication issues.

Staff responses revealed desires to intervene sooner to prevent unnecessary deteriorations; and to increase team working between disciplines.

Conclusion. Quantitative data analysis suggests a greatly increased demand for our service following the COVID-19 pandemic.

Our thematic analysis identifies concern of deterioration secondary to prolonged waiting times. It also highlights that communication could be improved.

As a result of this mixed-methods approach, the following change ideas were generated and are now being tested:

1. Improve communication with patients on waiting lists by testing an accessible customisable letter.
2. Organise more joint assessments and reviews of service users with multiple disciplines.
3. Short-term allocation of more urgent casework via a new integrated health and social care duty system.

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.

A Peer-Supported, Recovery-Focused Illness Management Programme for People With Early Psychosis

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Aims. To examine the effects of a peer-supported recovery-focused self-management of Psychosis (PRSP) modified from the Crisis-resolution-team Optimisation and Relapse Prevention (CORE) programme (Johnson et al. 2018) for psychotic patients' recovery, mental state, problem solving ability and other patient outcomes over 18 months follow-up, compared with either a psychoeducation/treatment-as-usual group.

Methods. A assessor-blinded, three-arm multicentre RCT was conducted. A list of 198 Chinese patients with recent-onset psychosis randomly selected from four Community Centers for Mental Wellness in Hong Kong (2021–2022) and randomly assigned into one of the three study groups (PRSP, psychoeducation or

treatment-as-usual group) by matching with computerized random numbers. After four-month interventions, the patient outcomes were measured at immediately, 9 months and 18 months post-intervention, and analysed on intention-to-treat basis using Generalised Estimating Equation test.

Results. Significant interaction (Group × Time) treatment effects of the PRSP were found on six outcomes (recovery, psychotic symptoms, functioning, problem-solving, and service satisfaction) between three groups at post-test, Wald $\chi^2 = 7.05–21.87$, $p = 0.02–0.001$, with moderate to large effect sizes (η^2) of 0.12–0.24, compared to treatment-as-usual. Level of recovery, problem-solving and service satisfaction of the PRSP were also significantly greater improved than psychoeducation group at 9 and 18 months follow-ups with moderate effect sizes (0.07–0.10).

Conclusion. The findings can provide evidence about the long-term effectiveness of the peer-facilitated, recovery-based self-management programme in early psychosis on improving patients' recovery and mental condition, functioning, and service satisfaction. Self-learning of illness management through effective problem-solving strategies, together with peer-support, are increasingly useful in recovery-focused intervention for early psychosis in views of inadequate healthcare resources/staffs.

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Effects of Transauricular Vagus Nerve Stimulation on Heart Rate Variability: Wearable Sensor Data in Healthy Volunteers

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Aims. Surgically implanted vagus nerve stimulation (VNS) is a recognised treatment for depression. The vagus nerve can also be stimulated non-invasively via its auricular branch, using transauricular vagus nerve stimulation (taVNS). Heart rate variability (HRV) is a putative biomarker of autonomic nervous system (ANS) engagement. We aimed to test the impact of taVNS on the ANS of healthy volunteers by measuring HRV using a double-blind, sham-controlled, longitudinal design to acquire data over 7 days using wearable cardiac sensors.

Methods. taVNS was delivered to the left ear of healthy volunteers using a transcutaneous electrical nerve stimulation (TENS) device via a custom clip electrode (developed at Newcastle University). All participants were stimulated at 10 Hz, with pulse widths of 300 ms and variable current outputs, depending on perceptual thresholds. We delivered double-blinded active and sham taVNS for hour-long periods, in the morning and