the skills required to manage psychological distress in young people.

Mixed-methods service evaluation of a multidisciplinary inpatient programme for functional neurological disorder and non-epileptic attack disorder

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Aims. To evaluate a multidisciplinary inpatient treatment programme for Functional Neurological Disorder (FND) and Non-Epileptic Attack Disorder (NEAD), focussing on clinical effectiveness and patient experience. To produce recommendations for service development and future evaluation.

Method. We conducted a service evaluation of the multidisciplinary inpatient programme for FND and NEAD at the Rosa Burden Centre. We contacted all inpatients discharged between December 2019 and March 2020 via telephone in August/September 2020. Quantitative outcomes were gathered on quality of life and psychological distress using the EQ-5D-5L and Core10 tools. Scores were compared to those gathered routinely at admission and discharge, using Wilcoxon's test for differences. Qualitative feedback on patient experience was gathered using open-ended prompts, and thematic analysis of this data was conducted independently by two researchers. Approval was gained from Southmead Clinical Audit Department (CE10237).

Result. 19 of 22 patients successfully completed the service evaluation. Quantitative results tended toward improvement on all measures between admission and discharge. Following discharge, there was a mixed pattern - sustained improvement in overall quality of life, but regression in other scores. Improvement in overall quality of life between admission and follow-up was statistically significant ($p = 0.012$, $Z = 2.52$). Changes in psychological distress (Core10) were also statistically significant, reducing between admission and discharge ($p = 0.004$, $Z = -2.84$) and increasing between discharge and follow-up ($p = 0.016$, $Z = 2.42$). Changes in other scores were not statistically significant at the $p < 0.05$ level. Qualitative results highlighted the value of the individual therapies offered, the multidisciplinary approach, and the supportive environment. Participants reported improved understanding of their diagnosis, and of self-management strategies. There was demand for greater access to psychological therapies, and increased provision of follow-up post-discharge. Some expressed dissatisfaction with the ward round format and excess "down-time". The programme was described as a "turning point" for 9 participants.

Conclusion. Quantitative results suggest the programme is associated with global improvement in quality of life, and post-discharge, some benefits are sustained while others are transient. However, interpretation is limited by sample size. We recommend further evaluation with a larger sample to replicate findings, assess effect sizes, and assess which patients or symptoms benefit most. To support this, we recommend improved collection of outcome measures, including routine collection of follow-up data. Positive qualitative findings highlight the strengths of the service and its value to patients. Recommendations for service development include recruiting a psychologist to provide further psychological therapy sessions; expanding the nurse-led follow-up service;

and adjustments to the ward round format and activity programme.

Listening to voices: understanding and self-management of auditory verbal hallucinations in young adults

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Aims. Auditory Verbal Hallucinations (AVH) are a hallmark of psychosis, but affect many other clinical populations. Patients' understanding and self-management of AVH may differ between diagnostic groups, change over time, and influence clinical outcomes.

We aimed to explore patients' understanding and self-management of AVH in a young adult clinical population.

Method. 35 participants reporting frequent AVH were purposively sampled from a youth mental health service, to capture experiences across psychosis and non-psychosis diagnoses. Diary and photo-elicitation methodologies were used – participants were asked to complete diaries documenting experiences of AVH, and to take photographs representing these experiences. In-depth, unstructured interviews were held, using participant-produced materials as a topic guide. Conventional content analysis was conducted, deriving results from the data in the form of themes.

Result. Three themes emerged:

(1) Searching for answers, forming identities – voice-hearers sought to explain their experiences, resulting in the construction of identities for voices, and descriptions of relationships with them. These identities were drawn from participants' life-stories (e.g., reflecting trauma), and belief-systems (e.g., reflecting supernatural beliefs, or mental illness). Some described this process as active / volitional. Participants described re-defining their own identities in relation to those constructed for AVH (e.g. as diseased, 'chosen', or persecuted), others considered AVH explicitly as aspects of, or changes in, their personality.

(2) Coping strategies and goals – patients' self-management strategies were diverse, reflecting the diverse negative experiences of AVH. Strategies were related to a smaller number of goals, e.g. distraction, soothing overwhelming emotions, 'reality-checking', and retaining agency.

(3) Outlook – participants formed an overall outlook reflecting their self-efficacy in managing AVH. Resignation and hopelessness in connection with disabling AVH are contrasted with outlooks of "acceptance" or integration, which were described as positive, ideal, or mature.

Conclusion. Trans-diagnostic commonalities in understanding and self-management of AVH are highlighted - answer-seeking and identity-formation processes; a diversity of coping strategies and goals; and striving to accept the symptom. Descriptions of "voices-as-self", and dysfunctional relationships with AVH, could represent specific features of voice-hearing in personality disorder, whereas certain supernatural/paranormal identities

and explanations were clearly delusional. However, no aspect of identity-formation was completely unique to psychosis or non-psychosis diagnostic groups. The identity-formation process, coping strategies, and outlooks can be seen as a framework both for individual therapies and further research.

Service evaluation for services for younger people with dementia in east locality of north Wales

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Aims. To evaluate Young-onset dementia (YOD) services in terms of referral, its appropriateness, time to diagnosis and other criteria as per protocol that we have adapted.

Method. Case notes of those under 65 referred to Memory service for cognitive assessment between July 2017 and June 2018 were retrospectively reviewed to look at the time to diagnosis, appropriate referrals, post-diagnostic support, etc.

Result. Compared to the previous evaluation, the number of patients referred to had increased from 47–48/ year earlier to 63/year. Only 1/3 were appropriate referral over the 10-year period whereas between 2017 and 2018 more than half were appropriate referrals. More than half of them were seen within 12 weeks of referral (35/63 available). Only 132/252 were diagnosed as having some form of dementia in the previous evaluation which was about 13 cases of YOD a year. In contrast, in our new evaluation 19 patients were diagnosed with some form of dementia. Inappropriate referrals had reduced by more than 50%. Appropriateness and timely referral had improved in this time frame.

Conclusion. Dementia is considered 'young onset' when it affects people under 65 years of age. It is also referred to as 'early onset' or 'working age' dementia. However, this is an arbitrary age distinction that is becoming less relevant as increasingly services are realigned to focus on the person and the impact of the condition, not the age. Teaching sessions to educate primary & secondary care clinicians on appropriateness and timely referrals have helped in improving the care for patients with YOD. Services need to be developed further to be able to diagnose & support those with YOD. Repeat evaluations every year would help to inform improvement in quality & appropriateness of referrals.

Service user experience of remote consultations during COVID-19 in an older adult community mental health setting

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Aims. The COVID-19 pandemic has had a significant effect on our ability to communicate face-to-face with patients freely. Similar to other medical specialities and general practice (1), to continue providing a service for our service users, we employed other means of communication including telephone and video consultations (although face-to-face consultations were available for high clinical concern and/or identified risk). We set out to explore the

acceptability of remote consultation for service users of an older adult (>65 years) Community Mental Health Team (CMHT).

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Method. A total of 34 service users were selected randomly from the CMHT caseload (9% of total 372 caseload). 4 clinicians were involved in collecting data between July and October 2020. We used our trust's (East London Foundation Trust) standard questionnaire on patient satisfaction and contacted individuals by telephone to complete the survey.

Result. For both questions of 'I felt listened to by the team' and 'I feel I have been given enough information regarding my care' 17 (50%) responders 'agreed' with this statement and an additional 13 (38%) 'strongly agreed' (total of 88%). For the statement 'I feel involved in decisions about my care' 16 (47%) responders 'agreed' and a further 11 (32%) responders 'strongly agreed' with this statement. The statement 'The professionals involved in my care talk to each other and we all work as a team' had 15 (44%) responders 'agree' and 13 (38%) responders 'strongly agree'. When asked 'If you experienced telephone/video sessions, were these helpful?' 31 responders said 'yes'.

Conclusion. Overall most responders agreed or strongly agreed that they felt listened to, were given enough information about their care, felt involved in decisions about their care and that they worked as a team with the professionals involved in their care. 91% of responders felt that the video/telephone sessions had been helpful. These data have provided reassurance that telemedicine methods were a useful substitute for face-to-face consultations during the early stages of the pandemic. However this was a small scale study. This study cannot tell us about the experience after the initial 6 months of the pandemic, how often it would be optimal for people have face to face reviews, or whether satisfaction with telemedicine altered over a longer period. We were also not able to tell whether the experience varied for those who had less robust and longstanding relationships with their clinicians.

Insomnia management; don't sleep on it

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Aims. In this project our aim was to improve patient safety and care by reducing hypnotic prescription medication administration. We also wanted to reduce over-prescribing/unnecessary prescribing which has a negative pharmaceutical impact on the environment and is a huge expenditure issue for the NHS. NICE guidance for Insomnia management states "After consideration of the use of non-pharmacological measures, hypnotic drug therapy is considered appropriate for the management of severe insomnia interfering with normal daily life; it is recommended that hypnotics should be prescribed for short periods of time only, in strict accordance with their licensed indications" Side effects are common with hypnotic usage including, most importantly, the development of tolerance and rebound insomnia.

Method. The interventions we implemented included the development of an educational presentation about insomnia, the development of an "Insomnia Management Flow chart" to be used at admission point, training sessions for ward staff, shared teaching programmes with patients at their sleep management sessions, face to face and email correspondence to inform medical trainees about this project and gathering feedback from patients and staff before and after this project.