doctors’ experience of delivering psychodynamic psychotherapy in LYPFT during the COVID-19 pandemic.

Methods. The project was carried out via a two-step methodology: Firstly with an online survey which included a quantitative analysis of the impact of the pandemic; and secondly via semi-structured interviews with a resultant thematic analysis.

Results. 22 junior doctors who were invited to participate, 15 completing the survey (68%). Four patients had deferred therapy; the mean length of deferral was 2 months. Ten respondents had sessions cancelled due to infection or self-isolation. Face-to-face delivery was experienced by 13 respondents, 5 respondents had delivered therapy via phone and 6 had delivered therapy with PPE. Thirteen were concerned about attaining their psychotherapy competencies. Seven preferred face-to-face supervision, and 4 preferred remote working.

Thematic Analysis of the semi-structured interviews identified three themes regarding the impact of the COVID-19 pandemic on Junior Doctors experience of Psychodynamic Psychotherapy, with sub-themes detailed below. Throughout the themes, the challenges and difficulties with delivering therapy in the COVID-19 pandemic, as well as areas of good practice and opportunities were identified.

The Work of Therapy (Remote Therapy, PPE and Therapy, COVID-19-related)
1. The Structure of Therapy (COVID-19 Guidance, Setting/Frame of Therapy, Boundaries of Therapy)
2. The Therapist’s Training (Supervision, Attaining Competencies, Loss of Training Experience)

Conclusion.
Recommendations:
1. To create a short guide for junior doctors delivering Psychodynamic Psychotherapy during a pandemic.
2. To consider the types of supervision delivery within the Medical Psychotherapy Service
3. To ensure there is space for junior doctors within the Medical Psychotherapy department or a private space within their base placement, should remote therapy be required.
4. To ensure future plans related to possible pandemic restrictions address the need for good quality and strong internet connections/WIFI

Identifying Transition to First Episode Psychosis (FEP) From ‘At Risk Mental State’ (ARMS) in Sussex Early Intervention in Psychosis (EIP) Services
Dr Emma Davies1* and Dr Richard Whale1,2
1Sussex Partnership NHS Foundation Trust, Sussex, United Kingdom
2Brighton and Sussex Medical School, Brighton, United Kingdom
*Presenting author.
doi: 10.1192/bjo.2022.385

Aims. Identification of a psychosis risk syndrome to aid reduction of transition to a FEP is an important focus of worldwide research. ARMS for psychosis was defined by Yung and McGorry in 1996. UK EIP services were mandated to identify and ‘treat’ ARMS in the ‘Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance’ 2016. Sussex EIP services developed such an ARMS service with a 1-year pathway of assessment, intervention as indicated, and monitoring from 2017. Sussex serves a population of approximately 1.4 million, including areas with both low and high social deprivation indices. Transition rates from ARMS to FEP in recent studies have suggested widely varying rates of 8–17% of transition in a two-year period, notably less than initially identified by Yung.