

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

### **Clinicians' Experience of Remote Assessment of Autism Spectrum Disorder Within the Barnet CAMHS Service**

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**Aims.** 1. To evaluate clinicians' experiences of the newly implemented remote ASD assessment process (due to COVID-19), including the long-term sustainability and potential standardisation of this approach; 2. To establish areas for improvement in this process and make further recommendations.

**Methods.** Members of the Neurodevelopmental MDT completed an online survey, whereby feedback was collected regarding the use of the Child Observation of Social Communication (COSC), which had been adapted for online use from the standardised Autism Diagnostic Observation (ADOS) Schedule by a senior

Psychologist. Participants also responded to questions on other assessment domains, including the Developmental, Dimensional and Diagnostic interview, feedback and formulation meetings. Questions included their comfort with performing the assessment, their views on the quality of care provided and any difficulties they faced. Survey data were collected on two occasions: between November and December 2020 and between July and August 2021.

#### **Results.**

##### **Positive Experiences**

63% of respondents in November-December 2020 reported that COSC was a good alternative whilst standardised ADOS was unavailable. This increased to 100% in July-August 2021. Quality of care delivered by COSC was rated to be the same as ADOS in 70% of participants November-December 2020; 25% felt quality of care delivered by COSC was better than ADOS in July-August 2021. 73% of participants reported they would continue to use the remote assessment in the November-December 2020 survey. This increased to 88% in July-August 2021. 33% of the clinicians were very comfortable with administering the COSC in July-August 2021, 56% were somewhat comfortable.

##### **Negative Experiences**

27% of the clinicians reported being somewhat uncomfortable with administering the COSC assessment in November-December 2020; 11% remained somewhat uncomfortable in July-August 2021. 30% of the participants rated the quality of care delivered by COSC worse than ADOS in November-December 2020. 37.5% rated this to be worse in July-August 2021. 77% of the respondents had technical or organisational difficulties, which could result in missing non-verbal cues during the assessment.

**Conclusion.** Clinicians' experiences improved over time and with practice (34% had delivered over 10 COSC assessments in July-Aug 2021). A hybrid model may increase the quality of care of the approach, as well as careful selection of cases which would be suitable for an online assessment. There is scope for the continued use of the remote ASD pathway, taking into account patient and clinician preferences, however patient feedback will be necessary as a next step in this evaluation.

### **Identifying Transition to First Episode Psychosis (FEP) From 'At Risk Mental State' (ARMS) in Sussex Early Intervention in Psychosis (EIP) Services**

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**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