

et al. We aimed to establish the rate of transition to FEP within 12 months from identification of ARMS in Sussex EIP services.

**Methods.** A retrospective study was conducted on all patients on the ARMS pathway, across five EIP services in Sussex, between Jan 2017-Oct 2021. The primary outcome measure was operationally defined transition to FEP; secondary outcome measures included clinical features and use of clinical services.

**Results.** 71 cases were identified as meeting ARMS criteria, with mean age 21.4yo; range 14–35, from a total new caseload of 447 over this period.

ARMS subcategories identified 4 state/trait, 55 attenuated psychosis and 12 BLIPS. Comorbidity was more common than not; mood disorders were identified in 17 cases. 23 cases met not in education, employment or training (NEET) criteria.

All cases received full care coordination by lead practitioners. 19 cases were prescribed atypical antipsychotics. 18 cases received formal CBT.

4 of the 71 cases transitioned to FEP within 12 months at mean time 35 weeks; range 28–45 weeks. 2 had attenuated symptoms and 2 experienced BLIPS. 3 were initially NEET.

**Conclusion.** We report a very low transition rate to FEP of 6% in this service, consistent with other such UK services. Whilst the ARMS sample is low in number, a clear impact on EIP service case management is identified. Risk saturation is arguably required to justify continuing this ARMS pathway, achievable by primary focus on the BLIPS subgroup. Wider review of UK ARMS services is required to reduce dilution of EIP service models and reduction of their well evidenced effectiveness.

### Effectiveness of New Maternal Mental Health Service ‘Thrive’ in the Treatment of PTSD Symptoms Arising From Birth Trauma and Perinatal Loss

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**Aims.** The NHS Long-Term Plan includes the perinatal mental health objective: by 2023/24 ‘Maternal Mental Health Services’ will be available across the country to provide psychological therapy for those who experience mental health difficulties directly arising from birth trauma and or/perinatal loss. We achieved early implementer status via application to NHS England and, using transformation funding received, ‘Thrive’ was piloted in East Kent. A gap in service provision was identified: some existing primary care services provide intervention for this cohort, however some people remain in psychological distress but do not meet the criteria for specialist perinatal mental health secondary care services; these secondary care services are not commissioned to support those who have experienced perinatal loss. Thrive is co-delivered by a mental health trust and acute healthcare trust; NICE recommended psychological interventions are provided by Psychological Therapists, Specialist Mental Health Midwives and a Peer Support Worker. The aim of this project was to evaluate the effectiveness of the Thrive pilot in reducing PTSD symptomology whilst also collating feedback from patients, their families and healthcare staff across the maternity system, in order to adapt the service offer for full county rollout.

**Methods.** 40 people who received care from Thrive from 11th January 2021 to 31st December 2021 were included in this evaluation.

Data were collected retrospectively at the end of each period of care via:

Clinical outcomes measures (quantitative):

- PCL-5: a 20-item self-report measure assessing the 20 DSM-5 symptoms of PTSD.
- CORE-34: a universal method of establishing well-being and risk.
- HoNOS (Health of the Nation Outcomes Scales): a measure of the health and social functioning of people with severe mental illness.

Patient Satisfaction Survey (qualitative).

#### Results.

- 100% of patients improved following Thrive intervention: PCL-5 (significant change = a reduction in score by 10–20 points has been met) / CORE-34 (clinically significant change = score above 10 initially and below 10 after intervention).
- Clinical improvement: HoNOS = 100% of patients improved following Thrive intervention.

**Conclusion.** Evaluation has evidenced the effectiveness of Thrive in successfully treating those with PTSD symptomology arising from their maternity experience. Post-treatment measures indicate that the level of trauma symptomology and the impact of psychological distress on the functioning of patients who have received intervention from Thrive has reduced to a sub-clinical level in all cases.

### An Evaluation of the Referral Process From General Practice (Gp) to the North-West Community Mental Health Team (Nw Cmht)

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**Aims.** As more emphasis is placed on a move from the traditional hospital-based practice to care in the community, CMHTs are becoming the main channel for delivering specialist care in England. Access to most CMHTs occurs via written referrals, which vary significantly in content and quality. Such variability and inconsistency with the information provided can impact on the triage process and delay access to treatment for patients, making the process unnecessarily protracted and time consuming. One key factor that would drive the success and survival of CMHTs is how they gate-keep their service. This starts by adopting formal strategies when vetting and screening referrals. The aims were to determine if NW CMHT is responding to referrals appropriately, to consider if service users received good quality correspondence about referral decisions and if the outcomes of such meetings were properly documented.

**Methods.** The NW CMHT consists of 4 pods (A to D) and the audit included all GP referrals assessed by pod B over a month. A sample size of 28 referrals was included in the audit and the referrals were from 16 different GP practices. Data were obtained from patient electronic records and entered onto a SmartSurvey form for ease of collection prior to results being analysed.

**Results.** 32% of referrals came from two GP surgeries. Areas of good practice included all referrals being discussed within 4 days of receipt, and 50% reviewed by the next day. For referrals identified as needing further information and discussion, this was also done quickly between 2–5 days of receiving the referral.

Also 68% of service users (SU) had a letter sent out to them within 2–5 days. It was unclear in 75% of referrals whether the SU was aware of the referral to NW CMHT and the reasons for the referral were only ‘fully’ documented in 57%.

**Conclusion.** The vast majority of GP referrals were treated in a timely manner, even if additional data gathering was needed and multiple referral discussions had. Recommendations included addressing the lack of consistency in documentation of referral discussions, developing effective ways to cut back on clinical time lost gathering what should be standard information, and education of GP practices around making good quality referrals. It was felt that a review of the referral forms would be beneficial, however a barrier to this change was that this is a trust wide form and there would need to be consensus across all CMHT localities.

## Does a Dog Improve the Mental Well-being of Patients and Staff in a CAMHS Hospital?

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**Aims.** The aim was to create and deliver support sessions with the psychiatry consultant’s dog, Rupert, to improve the emotional health of both patients and staff. It was hypothesised that having time with a calm and affectionate dog would reduce both young person and adult anxiety, improve their mood, and help them communicate. Since the start of the COVID-19 outbreak, there has been a gradual increase in demand from children and adolescent mental health services (CAMHS), and consequent pressure on NHS staff. On June 2021, Rupert was registered as an emotional support dog with the Trust and began weekly visits to the Darwin Hospital, Stoke-On-Trent. This is a 12 bedded CAMHS hospital, which has seen an increase in patient illness and increasing staff absence due to COVID-19. Informal reports from staff and patients suggested multiple mental health benefits from spending time with Rupert. To quantify the impact of an emotional support dog on the unit, it was agreed to perform a service evaluation on mood, communication and anxiety of both patients and staff.

**Methods.** A questionnaire, using a Likert-type rating scale, was given to staff and patients before and after spending time with Rupert. Questions asked for ratings of mood, anxiety, and comfort in communicating on a scale from ‘very low’ to ‘very high’. The data collection took place in the last 3 months of 2021. In all, 19 people completed the questionnaire. Because of the small sample size, non-parametric bootstrap resampling methods were used to test before-and-after paired differences for individual participants.

**Results.** Because the rating scale is ordinal, care needs to be exercised in interpreting differences, but in broad terms a unit increase is equivalent to an improvement, for example, from ‘low’ to ‘neutral’. On average, patients reported statistically significant improvements in mood (mean diff: 1.14, 95% CI: [0.43, 1.71]), anxiety (mean diff: 2.00, 95% CI: [1.43, 2.57]), and communication (mean diff: 1.00, 95% CI: [0.43, 1.86]). Results for staff were similar with improvements in mood (mean diff: 1.08, 95% CI: [0.83, 1.58]) and anxiety (mean diff: 0.83, 95% CI: [0.50, 1.25]) but smaller in communication (mean diff: 0.33, 95% CI: [0.08, 0.67]).

**Conclusion.** Taking an emotional support dog into a CAMHS Hospital produced clear benefits, with consistently positive

feedback from sessions and no negative effects. Such was the improvement in both patient and staff well-being, staff have since been encouraged to register their dogs too.

## Understanding and Overcoming COVID-19 Vaccine Hesitancy & Anti-Vaccine Beliefs Within the High Secure Forensic Services

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**Aims.** This is a cross-sectional service evaluation study of the vaccination programme within the high secure setting of Broadmoor hospital with a view of improving the quality of its delivery. We aimed to establish patients views about COVID-19 vaccinations particularly if there are any themes as to why the patients choose/did not choose to receive the vaccine. This information will be used to help us understand how to overcome vaccine hesitancy and anti-vaccine beliefs.

**Methods.** Patients across Eight wards were asked to participate in the study. 56 patients agreed to be administered the following semi-structured questionnaire by the doctors.

1. Have you had a COVID-19 vaccine?
2. Do you think there any advantages to taking a COVID-19 vaccine? Yes/No. If you think there are any advantages, please write these
3. Do you have any fears or worries about the COVID-19 vaccine? Yes/No. If you do have any fears or worries, please write these.

The results of this were reviewed and put into the categories that are cited below.

**Results.** 14 patients had no vaccination, 2 had one, 38 had two or more.

34 patients said there were advantages, 13 said no advantages and 9 did not know. The themes of the advantages were established: Protects you from bad infection and symptoms (48), stops you from passing it on to others (3), blank (13), others (13) which included “Important to follow government guidelines, proven through history to work, it was offered, I’m more concerned with hepatitis, The doctor would have my best interests.”

30 patients stated that they did have fears and 26 did not. Common themes established were; side effects (17), Not tested correctly/given too quickly (5), Blood clots (2), positive comments (2), blank (22), others (10), which included, “Interaction with medications, more fear about face masks, injecting humanity with something could kill them, infertile generation, Control the public, don’t like injections and alter the DNA genome.” The common side effects of concern were “painful arm, fever and headache.”

**Conclusion.** 68% of patients had 2 or more vaccinations across the 8 wards studied. The commonest advantages cited by 86% of patients was to protect themselves from serious illness. The commonest fears or worries were of side-effects that result from the vaccine, although 46% patients had no worries and 39% gave no explanation for fears or worries. The fears and worries appeared mainly related to vaccine hesitancy rather than fixed generalised anti-vaccine views.