

57.9% of people had concerns about seeking help or treatment for mental/physical health problems caused by their situation during the pandemic.

In addition, free text responses reflected feelings of anxiety and low mood attributed to the constant fear of fire, and an inability to plan families and future homes. One person said, "I have been left utterly broken by this. My mental and physical health has worsened, I have severe anxiety, depression and PTSD. I struggle each day to keep myself alive."

Conclusion. Safe housing is a basic human right. The results show the current situation is having a detrimental impact on flat owners' mental health and makes a strong case for the provision of specific services offering support - particularly given it is 3.5 years since Grenfell and a viable solution for all is yet to be found.

Perspectives on implementing HIIT interventions for service users in inpatient mental health settings: a qualitative study investigating patient, carer and staff attitudes

Rebecca Martland^{1*}, Juliana Onwumere², Fiona Gaughran³ and Brendon Stubbs⁴

¹Institute of Psychiatry, Psychology and Neuroscience (IoPPN), Department of Psychosis Studies; ²Institute of Psychiatry, Psychology and Neuroscience (IoPPN), Department of Psychology, National Psychosis Unit, South London and Maudsley NHS Foundation Trust;

³Institute of Psychiatry, Psychology and Neuroscience (IoPPN), Department of Psychosis Studies, National Psychosis Unit, South London and Maudsley NHS Foundation Trust and ⁴Institute of Psychiatry, Psychology and Neuroscience (IoPPN), Department of Psychological Medicine, South London and Maudsley NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.716

Aims. High intensity interval training (HIIT) may improve a range of physical and mental health outcomes among people with severe mental illnesses (SMI). However, there is limited data on patients' reported attitudes towards HIIT and its implementation within inpatient settings, and there remains an absence of data on attitudes towards HIIT from informal family carers of service users and healthcare professionals, who both have key roles to play in facilitating recovery outcomes in service users. This study sought to qualitatively investigate, in inpatients with SMI, carer and staff groups, perspectives on implementing HIIT interventions for patient groups in inpatient settings.

Method. Seven focus groups and one individual interview were conducted. These included three focus groups held with inpatients with SMI (n = 12), two held with informal carers (n = 15), and two held with healthcare professionals working in inpatient settings (n = 11). An additional individual interview was conducted with one patient participant. The focus group schedule comprised open-ended questions designed to generate discussion and elicit opinions surrounding the introduction of HIIT on inpatient mental health wards. Data were subject to a thematic analysis.

Result. Two key themes emerged from the data, across all participants, that reflected the 'Positivity' in the application of HIIT interventions in psychiatric inpatient settings with beliefs that it would help patients feel more relaxed, build their fitness, and provide a break from the monotony of ward environment. Moreover, the short length of HIIT sessions was deemed appealing to mitigate against difficulties that many inpatients can experience with

motivation, interest and attention, and was considered to be more appealing than more lengthy forms of exercise, which may require greater physical exertion. The second theme related to 'Implementation concerns', that reflected subthemes about i) low patient motivation, particularly with older participants, those administered many medications, and for those with less positive memories of exercise ii) patient safety, including concerns surrounding the intensity of HIIT and inclusion of patients with physical health comorbidities and iii) practical logistical factors, including having access to the right sports clothing and staff availability to supervise HIIT.

Conclusion. HIIT for inpatients with SMI was actively endorsed by patients, carers and healthcare professionals. Patient safety and baseline motivation levels, and practical service considerations were all noted as potential barriers to successful implementation and are worth considering in preparation for trialing a new intervention.

Patient experience of telemedicine in addictions

Soraya Mayet^{1*}, Iain Mccaw², Zeeshan Hashmani³, Zuzana Drozdova¹, Amelia Gledhill¹, Samreen Arshad⁴, Shumaila Shahbaz¹ and Thomas Phillips⁵

¹Humber Teaching NHS FT; ²South West Yorkshire Partnership NHS Foundation Trust; ³Tees, Esk and Wear Valleys NHS Foundation Trust; ⁴Rotherham Doncaster and South Humber NHS Foundation Trust and ⁵University of Hull

*Corresponding author.

doi: 10.1192/bjo.2021.717

Aims. Opioid dependence has high risks and opioid substitution treatment (OST) improves outcomes and reduces deaths. Attendance at addiction specialist prescribers may be limited, particularly in rural areas. Telemedicine, such as videoconferencing, can reduce travel and improve access and attendance. Pre-COVID-19, we started a telemedicine service for patients with opioid dependence, prescribed opioid substitution treatment, requiring addiction specialist prescriber consultations. We present patient experience and assess whether patients recommend telemedicine.

Method. Health Research Authority approval for Randomized Controlled Trial of Telemedicine versus Face-to-Face (control) appointments in large semi-rural community addictions service (2500km²) using a modified Hub-and-Spoke (outreach). Adult opioid dependent patients prescribed OST and attending outreach clinics recruited. Participants received two consultations in group. Telemedicine delivered using Skype-for-business videoconferencing. Patients attended outreach clinic, where an outreach worker undertook drug testing and telemedicine conducted via the outreach workers laptop. Specialist addiction prescribers located remotely, at the Hub. Patients self-completed NHS Friends and Family Test (FFT) immediately after appointment, separate from the wider research study. Data collected Sept 2019– March 2020 (pre-COVID-19 lockdown), Microsoft Excel analysis, with qualitative thematic free-text analysis.

Result. Thirty completed FFTs were received, of which all participants were 'extremely likely' (n = 19;67%) or 'likely' (n = 11;37%) to recommend the Telemedicine service to friends or family, if they needed similar care. Two themes for reasons for recommending the service were; 1. Convenience (reduced travel, reduced travel time and reduced travel costs) and 2. Supportive Staff (including listening, caring and good support). One patient mentioned 'it is a convenient way to communicate with medical staff, saving time and effort'. Regarding Telemedicine appointments, most participants responded that the timing of telemedicine