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 patient 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 beded 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 it’s 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 are 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 interest.”

30 patients stated that they did have fears and 26 did not. Common themes established were; side effects (17), Not tested (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.

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