

substantially increasing their relapse risk. Subcutaneous Long-Acting BUP (SC LABUP) injectable formulations have been associated with improved access, less burden of adherence, and greater abstinence in OUD patients. From this perspective, the OUD program at Erada Center maintains affected individuals on weekly or monthly SC LABUP injections. Our study aims to evaluate abstinence and treatment retention in Erada Center patients who are maintained on LABUP injections.

**Methods.** We conducted a retrospective cohort study of all individuals following at Erada Center from January 2023 until January 2024, who were maintained on weekly or monthly LABUP injection. 174 individuals were identified, with diagnosis of OUD as per ICD-10 criteria, and receiving LABUP injection during inpatient admission or outpatient follow up. Primary outcomes were abstinence period (defined as negative urine drugs test apart from q-BUP), and retention in treatment (defined as compliance with attendance with OUD program). These were assessed at three time intervals: 24, 36, and 48 weeks from taking the first LABUP injection.

**Results.** 174 individuals were maintained on LABUP injection. Participants were all males, aged 18–65 years old, and polysubstance users with opioids being their drug of choice.

70 patients completed at least 24 weeks and received at least 2 doses of LABUP. Out of those, 53 achieved full abstinence and retention in 24 weeks (75.71%), 32 patients achieved the same for 36 weeks (45.71%), 25 patients achieved the same through 48 weeks (35.71%). Reasons for being lost to follow-up included relapse, incarceration (military service or custodial sentence), or drop out for no identifiable reasons.

**Conclusion.** To the best of our knowledge, this is the first study in the UAE and Arab world looking at the outcomes of individuals with OUD maintained on LABUP injection. Results highlight a notable abstinence and retention rates as above. Further studies should look at reasons for relapse and loss for follow-up.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## A Cross-Sectional View on the Comprehensive Multi-Disciplinary Model of Care for a Peri-Natal Mental Health Service Within a Tertiary Women's Hospital in Western Australia

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**Aims.** King Edward Memorial Hospital (KEMH) is the largest tertiary women's hospital in Western Australia and a tertiary referral center for complex pregnancies, for example, adolescent pregnancies (12–19 yr olds), pregnancies with obstetric complications or fetal anomalies, statewide drug and alcohol antenatal service and preterm births. With 6000 births annually, this women's hospital does not only provide obstetric care, but also looks after gynecology, oncology and chronic pain patients. We would like to share the model of care for our women's mental health service which provides statewide Childbirth and Mental Illness (CAMI) service looking after women with chronic enduring mental illness, statewide drug and alcohol antenatal service (WANDAS), adolescent model of care and our service for all other women

attending this tertiary hospital within a unique consultation liaison model.

**Methods.** Our team comprises 3.0 full time consultant psychiatrists, 2 Psychiatry trainee registrars, 5 clinical psychologists, 2 triage nurses and administrative staff. In total, we had 1959 referrals to our service in 2022–23 financial year. These women had varying amount of input from our service during their treatment in hospital: one assessment with advice and signposting to brief therapy, up to a fully comprehensive Multidisciplinary Team (MDT) care as provided by an adult community mental health service. In addition to comprehensive assessment, MDT interventions include risk assessment, pharmacological interventions, psychological interventions, working alongside child protection services, infant mental health and attachment work.

**Results.** Our most common diagnostic categories included post-traumatic stress disorder (10%), adjustment disorders (10%) followed by Generalized anxiety disorder and recurrent depressive disorder (6% each). Our key performance indicators include: number of consumers (541 in 2022–23) that received comprehensive intervention from us in last 12 mths, consumer and carers' feedback and rate of completion of outcome scale at point of admission and discharge from service. These figures have remained consistent for the last 5 yrs.

**Conclusion.** Our hybrid model of care is unique as it incorporates a consultation liaison and a community mental health care model for women attending our hospital. This allows us to provide a safe, specialized, timely service to women in their most vulnerable period of life.

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## The Evaluation, Review, and Recommendations, Regarding Referrals to a West Yorkshire Specialist Forensic Community Team

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**Aims.** In the United Kingdom Specialist Community Forensic Teams (SCFT) are a new national development, aiming to enable and support earlier discharge from secure hospitals, and provide treatment to patients on a forensic pathway, in a community setting.

This project's ambition was to yield data to support future development of the service. The following research question was developed, as a focus for the project:

*In order for patients to be cared for as close to home as possible and for forensic services to reduce the length of inpatient stay, when should a patient be referred to a Specialist Forensic Community Team?*

**Methods.** The project was accepted by Cardiff University and South West Yorkshire Foundation Trust as a service evaluation.

The project methodology considered the impact of trauma throughout, given the forensic setting and high prevalence of trauma in individuals accessing forensic services.

A questionnaire was developed, which covered several relevant themes regarding the service, including the research question, and