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**Aims.** This study focuses on the North Central London Child and Adolescent Mental Health Services (NCL CAMHS) Co-production workstream, initiated to establish co-production as a foundational method for service planning and delivery in the NCL region.

To understand what the CAMHS experts by experience members found useful and did not find useful in co-production projects within Barnet Enfield and Haringey Mental Health NHS Trust and NCL wide co-production.

**Methods.** Semi-structured interviews conducted with experts by experience within the Barnet Enfield and Haringey (BEH) NHS Trust aimed to explore their co-production experiences, identifying facilitators and barriers. The study employed an inductive thematic analysis, grounded in a constructionist epistemological position, to analyse qualitative responses from semi-structured interviews. Braun and Clarke's (2006) methodology guided the analysis, consisting of six phases. The researchers emphasized reflexivity, reflection, and maintaining coherence, consistency, and flexibility throughout the recursive process. The voices of the lived experience co-production members played a central role in the research, influencing the entire report.

Two members of the NCL CAMHS lived experience group served as "Lived Experience Researchers" and received training on coding reliability based on Braun and Clarke's (2006) guidance.

**Results.** Thematic analysis revealed several key findings. Recognition of co-production values within the group highlighted the importance of giving voice to service users, valuing their individual experiences, and promoting power-sharing. Facilitators included good team working, valuing diversity, accessible online sessions, and promoting equality through interactions. Conversely, barriers included inconsistent meeting timings, power imbalances, and a consultation-style dominance. Participants expressed the need for more involved projects and recommended a transformation of BEH's co-production strategy.

**Conclusion.** Recommendations for BEH include a comprehensive evaluation of their co-production projects on the ladder of participation, emphasizing the importance of higher-level collaborations. Training for staff on co-production principles is crucial for fostering a mindset shift, and the establishment of a dedicated co-production team, including a co-production lead, is advised by service-users who co-produce. These roles can drive co-production projects, provide organizational structure, and facilitate stakeholder engagement.

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.

### Service Evaluation: Yoga Class Benefits for Mental and Physical Health in Mother and Baby Unit

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**Aims.** During the perinatal period women are at increased risk for mental health illness. It is estimated that around 0.5 in 1000

deliveries will result in admission to the mother and baby unit (MBU). Recovery is achieved by combining pharmacological treatment with holistic approaches. The majority of MBU settings will offer a variety of sessions that aid relaxation, reflection, and bonding. We have chosen to trial an additional service – Yoga class. It is known that Yoga is beneficial not only for strength, flexibility, and chronic pain but also for improved concentration, relaxation, and anxiety reduction.

**Methods.** Service evaluation took place in 8 bed, inpatient MBU. Selection criteria included non-pregnant women who had 4–6 weeks postnatal health check, were interested in trialling the class and were willing to complete pre- and post-class selected questions from the Dialog scale. The total number of Yoga classes conducted was 9 but there was no set number of classes for patients to commit to. Sessions were run between October 2023 and February 2024. Dialog scale was selected as a well-established outcome measure within the ward. We measured 3 areas by a Dialog scale (physical health, mental health, and leisure). The rating range was 1–7 with 1 being totally dissatisfied and 7 totally satisfied. Questions were completed before and after the class.

**Results.** In total 7 patients attended at least 1 Yoga class. We have calculated pre- and post-class average scores to measure change in selected outcomes. Physical health self-reported evaluation improved from 4.09 (SD = 0.79) to 4.48 (SD = 0.71). Mental health score improved from 3.61 (SD = 0.96) to 4.29 (SD = 0.99). Leisure score rose from 3.67 (SD = 1.3) to 4.34 (SD = 0.55). From the class record it was noted that overall, the uptake of the class was encouraging with 85% of patients returning to the Yoga with on average completion of 3 classes. 6 out of 7 patients did not attend further classes due to discharge or other commitments rather than withdrawing from classes.

**Conclusion.** From the collected data we can see that Yoga classes appear to be associated with moderate improvements in mothers' mental and physical health, at least immediately post-class. Whether this translates into long-term benefits remains unknown. Our service evaluation indicates that Yoga can be a beneficial part of holistic management for mothers in the MBU setting. In the future, this study could also involve pregnant mothers, who are an important population within the MBU setting.

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### Advice and Guidance in Mental Health: A Transformational Approach

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**Aims.**

- To strengthen shared decision making between psychiatrists and general practitioners (GPs) while avoiding needless outpatient activity.
- To promote a seamless partnership between GPs and psychiatrists that will improve efficiency and effectiveness for better patient health outcomes.
- To improve patient journey whilst responding to operational pressures.
- To test GPs engagement and satisfaction.