

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

Mrs Helen Crook, Dr Athena Duffy*, Dr Bosky Nair and Ms Rose Waters

Kent and Medway NHS and Social Care Partnership Trust, Maidstone, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.386

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)

Dr Kathryn Flew*, Dr Christiana Elisha-Aboh and Dr Shaharyar Alikhan

Leeds and York Partnership NHS Foundation Trust, Leeds, UK, Leeds, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.387

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.