

**Conclusion.** We found wide disparities in spending, staffing, and programme choices representing a fragmented landscape of parenting training provision. Several local authorities could not separate spending on parenting training, and parental engagement was not reported consistently. We recommend more consistent reporting of parental initiation, engagement, and completion of training programmes to ensure equitable access and provision of parenting training nationwide.

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.

## The Acceptability of Yoga as a Family Intervention: Using Family Journals as a Data Collection Tool

Mrs Hayley Graves\*, Dr Hannah Merdian, Dr Sharron Smith and Dr Kirsty Miller

University of Lincoln, Lincoln, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.154

**Aims.** The number of children and young people across the UK experiencing mental health difficulties is rising, with 1 in 6 young people aged 6–16 with a diagnosable mental health condition.

The school environment can be a crucial setting for mental health promotion as it can reach such a large number of young people.

The application of mindfulness for wellbeing is becoming increasingly popular. Research demonstrates mindfulness is an effective treatment for many psychological conditions and adding a yoga element is thought to bring additional benefits.

Interventions focusing on wellbeing are found to demonstrate more consistent improvements when parents are involved, supporting the concept of a family intervention.

A 6 week family intervention was developed specifically for children, to promote overall wellbeing.

**Aim:**

1. To ascertain the acceptability of yoga as a family intervention.
2. To ascertain the acceptability of family journals as method to collect data.

**Methods.**

- 6 weekly, 1hr, yoga and mindfulness intervention.
- 9 children aged 6–11, 9 adults.
- A weekly family journal was used collect data.
- Data from the journals were analysed using Thematic Analysis.
- A Linear Numeric Scale was used pre and post intervention rating 1–5: asking the participants to rate their confidence in relation to breathing techniques, yoga, working as part of a group, and understanding mindfulness.

**Results.**

### 1. Acceptability of yoga as a family intervention

Results from the pre post tests, indicate a significant relationship between the intervention and the participants.

Confidence in yoga  $P < 0.008$  (mean pre test 1, post test 4).

Confidence with breathing  $P < 0.008$  (mean pre test 3, post test 5).

Confidence with mindfulness  $P < 0.004$  (mean pre test 1, post test 4).

Working as part of a group  $P < 0.004$  (mean pre test 3, post test 5).

### 2. Acceptability of family journals as a method to collect data

The journals provided sufficient qualitative responses and meaningful quantitative data to consider the intervention acceptable. The weekly logs in the family journals were thematically analysed and four key themes were identified as having a positive impact: yoga, breathing techniques, mindfulness activities, improved connection.

**Conclusion.** This study has highlighted promising findings relating to yoga as a family intervention.

Families reported applying the techniques, outside of the sessions to manage emotions. The family journals were a space where adults had the freedom to choose what they wrote, this method allowed us to identify the intervention had a positive impact upon family connections. Using the journals was a simple way to capture the voices of the participants.

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.

## 'Well-Track': Fitbit Based Sleep and Physical Activity Intervention for Severe Mental Illness (SMI) Patients

Dr Chris Griffiths\*, Mrs Alice Sheldon, Mr Gerry Smith, Mrs Kate Walker and Miss Harmony Jiang

Northamptonshire Healthcare NHS Foundation Trust, Northampton, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.155

**Aims.** Compared with general population average, people experiencing severe mental illness (SMI) have lower levels of physical activity, high levels of sedation, and more sleep problems (Soundy et al. 2013; Vancampfort et al. 2015). This is linked to symptoms of depression, lower wellbeing, hopelessness, lower quality of life and physical health conditions, such as: cardiovascular disease (CVD), stroke, hypertension, osteoarthritis, diabetes, and chronic obstructive pulmonary disease (COPD) (Rhodes et al. 2017; Schuch et al. 2017). Engaging in physical activity improves quality of life, psychotic symptomatology, cognition, functioning and physical health (Mittal et al. 2017). Improved sleep is associated with enhanced social interaction, feeling energised, and improved engagement in activities (Waite et al. 2016). NHS Long-Term Plan (2022) is to ensure that at least 80% of people with SMI receive an annual 12 point physical health check. Professor Helen Lester stated: 'Don't just screen, intervene'. There is an urgent need to provide interventions that improve the healthy lifestyles of people with SMI, but there is a lack of suitable and effective interventions. To be effective, interventions need to be individualised (Griffiths et al. 2021).

### Intervention and aims

Well-Track is the provision of a Fitbit and its software apps, sleep hygiene and physical activity guidance, motivational interviewing, workbook goal setting through three sessions with a health coach. Aim was to improve sleep, physical activity, wellbeing, and healthy lifestyles.

**Methods.** Outcome measure data collection from baseline to 3 and 6 week follow-ups. Change in sleep quality and wellbeing were assessed in 50 participants, and participant feedback was obtained.

**Results.** Improvements were found in sleep quality and wellbeing. Most patients attended all three sessions and actively used the Fitbit and its software apps, guidance and workbook to set goals and to make positive changes to their lifestyle and daily routines to improve motivation, quality of sleep, and level of physical activity.

**Conclusion.** Healthy effective sleep and physical activity/exercise are important to SMI patients' wellbeing and mental and physical health. A health coach successfully and fully integrated the Well-Track intervention into routine service provision. The intervention was beneficial, relatively easy and low cost to implement, and well-liked by patients and staff; and therefore, could be offered by all community mental health teams (CMHTs) and physical health check services. SMI services should consider and assess sleep and physical activity/exercise issues and promote healthy effective sleep and physical activity/exercise within a recovery focused practice.

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.

### 'Flow' Transcranial Direct Current Stimulation (tDCS) Device and Behaviour Therapy Training Software Used at Home for Community Mental Health Team (CMHT) Patients With Symptoms of Depression

Dr Chris Griffiths\*, Mr William McIlhiney, Dr Alex O'Neill-Kerr, Dr Kate Walker and Mr Simon Stringer

Northamptonshire Healthcare NHS Foundation Trust, Northampton, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.156

**Aims.** Flow is a transcranial direct current stimulation (tDCS) treatment for depression without major side effects that patients use at home. Over 30 years of research/clinical use show tDCS is safe (Razza et al., 2020). Flow is CE-marked for treating depression in Europe. Recent NICE briefing published (NICE, 2023). The patient self-administers and remains awake (NICE, 2015), treatment sessions last for about 30 minutes, and are repeated 5 times weekly for three weeks (Flow, 2023). After the initial three-week period, patients self-administer 3 sessions per week for 3 weeks, and then as long as required (Flow, 2023). Meta-analyses of randomised sham-controlled trials (RCT) show tDCS is associated with significant improvements in depressive symptoms and high rates of clinical response and remission relative to placebo sham stimulation (Mutz et al., 2018, 2019; Moffa et al., 2020; Razza et al., 2020). Flow RCT study depression remission rates are 45% (Fu et al., In Press). Flow incorporates an evidence backed healthy lifestyle behaviour training software app, and depression symptom tracking that enables users to monitor their progress/symptoms. Training modules on: 'Behaviour activation', 'Mindfulness', 'Exercise for your brain', 'An anti-depression diet', and 'Therapeutic sleep'. Flow also provides an integrated platform for clinicians to monitor use and depression symptoms.

In a first for the NHS, in a post-marketing informed consent study, NHFT's community mental health team (CMHT) offered Flow to their patients with a diagnosis of depression and evaluated the feasibility and impact.

**Methods.** Outcome measure data collection from baseline to 6 week follow-up point. Self-report measures used were depression: Personal Health Questionnaire (PHQ-9) and Montgomery-Asberg Depression Rating Scale (MADRS); health related quality of life: EQ-5D-5L; and functioning: Work and Social Adjustment Scale (WSAS). In-depth interviews were undertaken with 14 patients.

**Results.** There has been high level of adherence (70%) to treatment protocol. There has been statistically significant and 'reliable improvement' in depression symptoms. There was statistically significant improvements in real world meaningful functioning and quality of life. Most participants described a positive impact on depressive symptoms, sleep, and functioning.

**Conclusion.** Flow has been successfully integrated into CMHT treatment offer. It is important to offer CMHT patients an evidence-backed alternative to existing depression treatments (antidepressant medication and talking therapies). Findings provide support for the approach of delivering together both tDCS and evidence-backed wellbeing behaviour therapy training to patients of CMHTs with experience of depression.

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.

### Acceptability and Effectiveness of Low Intensity Mental Health Services for Children and Young People Attending a General Hospital

Ms Anna Roach<sup>1</sup>, Dr Mike Groszmann<sup>2\*</sup>, The UCL Psychological Medicine Team<sup>2</sup> and The Lucy Project Team<sup>1</sup>

<sup>1</sup>UCL Great Ormond Street Institute of Child Health, London, United Kingdom and <sup>2</sup>University College Hospitals, London, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.157

**Aims.** Despite the high prevalence of mental health disorders in children and young people (CYP) with long-term health conditions (LTCs), these difficulties are often overlooked and untreated. Previous research demonstrated the effectiveness of low intensity psychological support provided via a drop-in mental health centre in a single specialist paediatric hospital. The aim of this study is to determine the effectiveness and acceptability of accessible low intensity mental health services for CYP attending a general hospital.

**Methods.** This project was part of a wider prospective non-randomised single-arm multi-centre interventional study (Trial registration: ISRCTN15063954). CYP aged up to 25 years old with a LTC, who had been receiving care for their LTC for 6 months or more, and their parent/carer were eligible to be referred by their clinician or self-refer to the trial. The primary outcome is the difference in the total difficulties score on the Strengths and Difficulties Questionnaire (SDQ) reported by parent or CYP between baseline and 6 months. Interventions provided were: low intensity CBT, onward referral or signposting.

**Results.** 53 families were recruited at this hospital which made up 44% of the total study sample (120 families). Patients recruited were made up of 34 females, 18 males and one young person who identified as non-binary. The mean age of the CYP was 16.13 years and they were living with a range of different LTCs including cancer, asthma and diabetes. At baseline the average