A 3 Year Follow-Up After Discharge From Early Intervention Service- Are Patients Less Likely to Be in Contact With Mental Health Services After Discharge From Eis and Are They Healthier?

Dr Giedre Cesnaite* and Dr Latha Weston

Barnet, Enfield and Haringey Mental Health NHS Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.381

Aims. To determine the utilization of mental health (MH) services, antipsychotic use and weight gain 3 years after discharge from an Early Intervention Service (EIS).
Methods. A retrospective anonymized survey was conducted of the trust electronic records of patients discharged from Barnet EIS in April to May 2018. 25 case records were identified of which 4 were excluded due to relocation out of area. Information was reviewed from the time of referral to 3 years post discharge. Data included patient demographics, number of referrals to home treatment team (HTT), inpatient admissions, medication and cardiometabolic parameters (weight and HbA1c) during this period.
Results. 21 records were analysed - 13 males, 3 females, average age of 24 years. 12 patients had been discharged to primary care of which 5 were re-referred to community mental health team (CMHT) during the 3 year follow-up. 9 patients were discharged to the CMHT of which 4 were later discharged to primary care.

There was no significant difference in the number of referrals to HTT and hospital admissions in the GP and CMHT follow-up groups (50% and 33%; 56% and 44% respectively). At the time of discharge from EIS 67% were on antipsychotic medication. At 3 year follow-up 90% in CMHT group continued antipsychotics. There was an average of 15.6 kg weight gain while under EIS with further 11.7 kg gain over the next 3 years under CMHT care. According to available data for those still in contact with MH services, no patients newly met criteria for pre-diabetes or diabetes. No records were available on our system pertaining to GP discharges.
Conclusion. We discuss the impact of EIS on affecting future MH service contact. There were a similar number of future MH referrals regardless of initial discharge destination. We consider whether there may be a different quality of these contacts that need further inspection.

The majority discharged continued taking antipsychotic medication and experienced considerable weight gain. This significant ongoing weight gain in a group of young people only starting to use MH services is of great concern due to negative cardiometabolic impact. It highlights the need for urgent proactive attention to ensure the best physical and mental health for these patients.

Remote Clinical Assessments and Management During COVID-19: Views of the Patients and Clinicians About the Future Preferences

Dr Nilamadhab Kar, Dr Lai-Ting Cheung* and Dr Stephen Jiwanmall

Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.382

Aims. During the COVID-19 pandemic most clinical services changed to remote consultation and management to minimise virus transmission by direct contact. As the social distancing and restrictions have eased with greater control of the pandemic, the nature of consultations is going to change. At this juncture we intended to understand the perception and satisfaction of patients and clinicians on remote consultations and management during COVID-19 and to determine their preference about clinical engagement in the future.
Methods. This was a trust-wide anonymous survey conducted through surveymonkey. It involved both patients and mental healthcare staff (MHS) and explored about the quality and satisfaction in remote consultations, option to patients, and use of remote consultations in future. Clinicians were sent the online link to complete, with a reminder two weeks later. The patients were explained during their appointments about the survey, those who agreed to participate and gave informed consent, their responses to the questions were recorded.
Results. The sample consisted of 78 patients and 107 MHS representing adult, old age, children and adolescent and intellectual disability subspecialties. Most (92.4%) participants had participated in remote consultations and understood the reason behind it. Around a third (32.7%) of MHS and 46.2% of patients felt strongly satisfied in remote consultations, and together with satisfaction these were 56.1% v 71.8% respectively ($p < 0.05$). The quality of the remote consultations were considered somewhat (11.2% v 23.1%) or a lot better (8.4% v 15.4%) by MHS and patients respectively ($p < 0.05$). Majority (82.7%) felt that an option should be given to patients for the type of consultation, face to face or remote. After the pandemic, the preference for psychiatric consultations were primarily face to face (30.3%), primarily remote (8.6%) and a mixture of the two (61.1%); there were no difference between patients and MHS. However while 71.4% doctors, 70.8% other clinicians (occupational therapists and psychologists) and 75.0% of clinical managers opted for mixture of face to face and remote, 26.9% of nurses opted for that. Background subspecialty, age group, ethnicity, experience of remote consultation with GP or hospital doctors, attendance or admission to general or psychiatric hospitals during pandemic, disabilities, or having COVID-19 did not influence the suggestion for the future consultation type.
Conclusion. Following the pandemic, both clinicians and patients express a preference for a mixture of face to face and remote consultations; and an option regarding that should be given to the patients.

Evaluation of Junior Doctors' Experience of Psychodynamic Psychotherapy Training in LYPFT During the COVID-19 Pandemic

Dr Oliver Turner[1], Dr Gwenllian Collin[2]* and Dr Vikram Luthra[1]

[1]Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom and [2]Bradford District Care NHS Foundation Trust, Bradford, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.383

Aims. Developing psychotherapeutic competencies is an essential part of psychiatric training. All core trainees in LYPFT until 2021 saw a patient for Psychodynamic Psychotherapy. The pandemic led to unprecedented changes to clinical practice and medical education. In LYPFT all face-to-face appointments in the Medical Psychotherapy Service were paused in March 2020. Patients were offered the choice to continue therapy remotely or postpone therapy. Supervision was also moved to a remote format. Face-to-face psychotherapy sessions resumed from August 2020, with new departmental procedures around infection control and the use of PPE. This project aimed to establish the junior