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Aims. This Service Survey is a part of a Quality improvement project which aims to :1- To assess the extent of the problem regarding accessing Adult ADHD assessment and treatment by getting the views of clinicians.2- Evaluate negative impact on care coordinators of the delay in accessing timely and effective diagnosis and treatment of ADHD; This will: a-Increase understanding of the care needed by this patient group. b-Clarify current practice and any difficulties staff face in condition management when diagnosis not confirmed i.e. outline training needs. c-Determine if waiting time for diagnosis results in iatrogenic harm (deterioration driven by 'unmet need'). 3- Inform the development of an alternative pathway of care; thus: a-Reduce inequality of health-care access for those with this neurodevelopmental condition. b-Reduce stigma. c-Improve service user health and well-being. d-Support families and carers. e-Reduce social costs to individual and community. f-Support community staff and increase knowledge and effectiveness.

Methods. Methods of the service survey part:

1. Service survey: Sent to 21 consultants who are working in Adult CMHT.
2. Service Satisfaction survey for all of the Redcar & Cleveland Affective disorder team's clinical staff members (18).

Results: Consultants Service Survey. 11 consultants responded out of 21 (52%)

Approximate number of the diagnosed ADHD patients / team varied between 7–80 patients.

Wait time for an ADHD assessment varied between 12 -30 months.

Number of patients/ team waiting for assessments by the specialist team 2- 27 patients.

50% of the consultants reported significant delays between referral to the services and initiation of treatment 6–36 months.

All consultants reported commencing treatment of ADHD, if a patient already had the diagnosis.

9/11 (82%) consultants reported making the initial diagnosis and treating ADHD patients in CMHTs. However, all consultant reported the need for further training in assessment and management of ADHD patients.

6/11 (55%) consultants stated that ADHD patients should be managed in CMHTs provided they are care coordinated by another clinician.

Clinical Staff Satisfaction Survey. All 3 staffs responded out of 18 staff, reported un satisfaction with the current service provision.

Conclusion.

1. The current service model is not able to meet the increasing demand for the services and leading to significant delay in accessing appropriate treatment.
2. There is a need to improve competencies of community mental health teams to manage these patients.
3. This survey will be used to model a new care pathway.

Sleep & Dreams Group in a Specialist Eating Disorders Unit, an Evaluation

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Aims. Development of an eating disorder in childhood has been shown to predict sleep disturbance in adulthood. Both the National Institute of Health and Care Excellence (NICE) and the wider scientific literature support interventions to help support patients with their sleep. The aim of this project was to evaluate the perceived benefits of the Sleep and Dreams Group to adult patients with anorexia nervosa (AN) on a specialist eating disorders unit.

Methods. Adult patients with severe AN on an inpatient specialist eating disorders unit attended a 6 session, once weekly group on a voluntary basis. The therapeutic group included psychoeducation around sleep hygiene, and an experiential component focusing on sleep/dreaming context of inpatient treatment of severe AN.

Results. All participants(n = 6) either agreed or strongly agreed that their understanding of sleep and dreams had improved. Quality of sleep strongly improved in 20% of participants, however, the remainder reported no significant change in this domain. Despite this, 80% of participants agreed or strongly agreed they got what they wanted from the group, finding the content of the psychoeducation material slightly positive or very positive. The total program length was thought to be appropriate, with 80% describing this as very positive.

Conclusion. The impact of the group on quality of sleep was variable, these results indicate that the value of the group to participants was found in the intergroup processes as evidenced by positive evaluation. This is of particular relevance to severe AN, where interpersonal deficits are often seen and from a treatment perspective in addressing the isolating nature of the disorder. Suggestions for improvement included bolstering the interactive component, and assessing participants regarding eligibility for dream discussion to aid formulation work of the unit.

The Balint Group Experience for Forensic Mental Health Professionals

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Aims. Balint groups were initially set up to meet the needs of GPs in better understanding the emotional aspects of complex doctor-patient relationships. They have since been taken up in the training of psychiatrists, GPs, and medical students, having been shown to improve communication skills and sensitise participants to their own psychological processes. Working as a Care Coordinator in a Forensic Community team is a highly challenging role where, by definition, there is the spectre of risk of harm to others. There is very little published data on the use of Balint groups in nursing populations, even less so in the Forensic mental health setting. The aim of this project was to evaluate a longitudinal Balint group for mental health professionals in the Forensic service of Cambridge and Peterborough NHS Foundation Trust, and to report on the perceived benefits to attending in terms of personal and professional development.

Methods. The evaluation used a standardised mixed methods approach, with the sample consisting of members of the Forensic South Community Service Balint group n = 5. For the