

delay in transfer reduced to an average of 10 days (range 5–11 days). The number of patients experiencing delay in transfer to prison of more than 2 weeks decreased from 100% to 0%.

**Conclusion.** In conclusion, the project shows that a simple intervention of introducing an agreement form prior to admission has reduced the delays in patients being discharged from PICU to prison. It has also improved the quality of care with additional information provided in the form. When we accepted an admission from prison outside our county, prior to admission, the out of area prison arranged for a local prison to sign the agreement to accept the patient on discharge from PICU. This has led to a closer working and effective communication between the PICU and the prison services.

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### The National Centre for Gaming Disorders – the Demographic Profile and Clinical Characteristics of Individuals Accessing Our Service

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**Aims.** Gaming Disorder (GD) was recognised in the addiction field by the International Statistical Classification of Diseases and Related Health Problems in 2018. The National Centre for Gaming Disorders (NCGD) is the first NHS clinic to accept referrals from adults and young people who are struggling with the characteristics of GD. The NCGD opened in 2019. Since then, we have received over 1,000 referrals from either gamers, their family members, or from parents seeking support. The team is multidisciplinary and led by Addiction Psychiatrists and Consultant Psychologists.

This service evaluation aims to understand the demographics, clinical characteristics, and gaming behaviours and trends of those with a GD who are accessing our service.

**Methods.** The data included in this service evaluation is based on 380 gamer referrals. Data was collected through our referral form.

**Results.** Demographics: The average age of gamers at referral was 19 years, with 60% of gamers aged between 13–18 years old. Male gamers represented 90% of the sample, with the remaining 10% made up of gamers identifying as female (9%), trans, or other. People who identify as White (British, Irish, or Other) represent 74% of referrals. The remaining 26% are from individuals who identify as Asian or Asian British, Mixed, Black or Black British, or of other ethnicities. Individuals based in London, or the South-East of England make up 60% of referrals. Comorbidities: 1 in 10 gamers had been formally diagnosed with a neurodevelopmental disorder at the time of referral. 1 in 8 gamers had an existing mental health condition. Gaming Trends: The three most popular games played were Fortnite, Minecraft, and Call of Duty. Our sample spent on average 10 hours per day gaming. In-game purchases were present in 17% of gamers. The average in-game expenditure at the point of

referral was £4,500. In our sample, 46% were aggressive and 30% were physically violent to family members when interrupted from gaming.

**Conclusion.** As of date, we have had 530 gamer referrals, and we are continuing to extract relevant information on the demographics and characteristics of individuals with a GD. Our data suggests that the typical gamer accessing our service is male, young, white, and from London. The most popular game played is Fortnite. A substantial proportion of our sample are aggressive or physically violent to family members when their gaming is interrupted, whilst others are at risk of spending thousands of pounds on in-game purchases.

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### West London Maternity Trauma and Loss Care Service 2022/2023 Evaluation

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**Aims.** The Maternity Trauma and Loss Care Service provides specialist care to women and birthing people who are affected by birth trauma, baby loss and severe fear of childbirth. The service has an integrated team of specialist midwives and psychological practitioners. This evaluation is the first, to our knowledge, to describe the challenges and successes of setting up a Maternal Mental Health Service as depicted in the NHS Long Term Plan.

**Methods.** The sample includes all women and birthing people who were referred to the service over the 12-month period from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

A mixed-methods design was used to explore and interpret the delivery of the service. Descriptive data was used to describe basic service information: client demographics, time from referral to assessment and numbers accessing treatment. Quantitative data from pre and post clinical measures to look at symptom change over the treatment period. Qualitative data to capture the experience of clients.

**Results.** The service received 254 referrals between April 2022 and March 2023. For primary referral reasons of accepted clients, 92 clients (50%) were referred due to perinatal trauma, 65 clients (35%) were referred for perinatal loss, 26 clients (14%) for Tokophobia and 2 were referred for other reasons (1%). Three quarters of referrals were accepted and 99 (53%) were pregnant at the time of referral. 53 clients (29%) were postnatal, 32 clients (17%) were post-loss and one was pre-conception.

Of the interventions offered, 49% were offered a midwifery intervention, 31% a psychology intervention and 18% were offered midwifery and psychology treatment. A small number attended groups. 36 clients referred during this 12-month period completed treatment.

PTSD Checklist for DSM-5 scores and Clinical Outcomes in Routine Evaluation scores indicate that service users experienced a reduction of symptoms between the start and end of treatment. There was an average reduction in scores on the PTSD-checklist of 17 and on the Clinical Outcomes in Routine Evaluation of 6.4. 17 clients completed the service satisfaction survey, all of which were positive about the service and its impact on wellbeing.