

**Theme 3:** The relationship with the assessor plays an important role in the experience of the assessment process, and is mediated by skills of the assessor, including:

- Active listening
- A sense of thoroughness; not feeling rushed
- Sensitive use of verbal and non-verbal communication
- An empathic, non-judgmental approach
- A warm, professional approach
- Open, clear, collaborative communication
- A consistent approach
- Validation
- Psychological containment

Patient perception of the degree of attunement in these areas appears to lend itself to a sense of psychological trust and safety in the process.

**Theme 4:** The outcome of the assessment can lead to various emotional responses which can play a role in how people perceive the assessment process

**Theme 5:** The assessment letter is considered an important part of the assessment by many, but not all, participants

**Conclusion.** Psychiatric assessment can be a therapeutic intervention in its own right and a collaborative, relational approach can help to facilitate this.

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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.

### Exploring the Trend in the Use of Electroconvulsive Therapy (ECT), Modified ECT and Transcranial Magnetic Stimulation (TMS) in Northamptonshire Healthcare Trust

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**Aims.** Our aim was to analyse the trend in the use of new courses of ECT in Northamptonshire Healthcare Trust from 2007 to 2022 and to compare the use of ECT, Modified ECT (MECT), TMS, Ketamine and combined TMS + Ketamine in the Treatment Centre and The Centre for Neuromodulation in Northamptonshire Healthcare Trust from 2013 to 2022.

**Methods.** Data for new ECT courses were collected from the Treatment Centre in Northamptonshire Healthcare Trust from 2007 to 2022. These data were then compared with new courses for TMS, MECT, ketamine and combined TMS + Ketamine from various sites across the trust from 2013 to 2022. These data have been represented as two separate graphs the first showing trend of ECT and the second comparison of the trend of ECT, MECT, TMS, Ketamine & combined TMS + Ketamine.

**Results.** The data show that there has been a significant decrease in the number of ECT and MECT procedures performed in recent years, with a decrease of over 50% to 70% in new courses of ECT & MECT among various units in the trust. Regarding the data for TMS treatment vs ECT there is a gradual decrease in ECT and increase in TMS over the years, of particular note is the recent period of 2019 to 2022 during which there were 10 times more referrals for TMS compared to ECT at Northamptonshire

Healthcare Trust. During this period TMS accounted for 87% of the total new treatments, while ECT accounted for 9% and Ketamine 4%.

**Conclusion.** Our findings suggest that TMS is becoming an increasingly popular treatment option for depression and may eventually replace ECT and Modified ECT as the primary treatment in the Northamptonshire Healthcare Trust. This poster provides an overview of the current state of ECT, Modified ECT, TMS, and ketamine as treatments for depression, and highlights the need for further research to better understand the relative effectiveness and safety of these treatments, especially in treatment-resistant depression cases.

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### Enhancing Medical Governance of Care Within an EIP Service

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**Aims.** We aimed to enhance the clinical governance of medical input to patients within Brighton Early Intervention in Psychosis (EIP) service. The Service Standard Operational Policy indicates that patients should be medically reviewed every 6 months as part of the Care Programme Approach (CPA) and include review of: diagnosis, service eligibility, medication positive and negative effect, clinical improvement, risk assessment and physical health.

**Methods.** The EIP caseload on a specific date was reviewed to explore if a medical CPA review had taken place. A detailed medical letter evidenced this. A meeting was convened between team doctors to identify from electronic records when the last medical CPA had taken place. General characteristics of the delayed review group were identified. An excel spreadsheet was used to create a system to autogenerate when a next review is required.

**Results.** 142 patients were identified on the EIP caseload. 21 patients had been discharged so were excluded. 121 patients were eligible for this audit, including 8 inpatients. 46 (38%) patients were identified as having an overdue CPA review.

Those with overdue CPA reviews were found to be overall clinically stable, on the caseload for over a year and those who had had a recent change in Lead Practitioner (LP) who were not aware of service operational policy due to high staff turnover linked with the COVID-19 pandemic. Some duplications of routine medical reviews were identified between team doctors within the 6 months.

**Conclusion.** This service was not achieving CPA standards of the operational policy. A spreadsheet was set up to proactively alert the LP when patients required a 6 month review. Policy information sessions were set up for the team and will be specifically included in new worker induction training. A full audit cycle will be completed by implementing the change made and re-auditing to see if there is an improvement. Duplications of routine medical reviews will be explored in more detail.

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