

57.9% of people had concerns about seeking help or treatment for mental/physical health problems caused by their situation during the pandemic.

In addition, free text responses reflected feelings of anxiety and low mood attributed to the constant fear of fire, and an inability to plan families and future homes. One person said, "I have been left utterly broken by this. My mental and physical health has worsened, I have severe anxiety, depression and PTSD. I struggle each day to keep myself alive."

**Conclusion.** Safe housing is a basic human right. The results show the current situation is having a detrimental impact on flat owners' mental health and makes a strong case for the provision of specific services offering support - particularly given it is 3.5 years since Grenfell and a viable solution for all is yet to be found.

### Perspectives on implementing HIIT interventions for service users in inpatient mental health settings: a qualitative study investigating patient, carer and staff attitudes

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**Aims.** High intensity interval training (HIIT) may improve a range of physical and mental health outcomes among people with severe mental illnesses (SMI). However, there is limited data on patients' reported attitudes towards HIIT and its implementation within inpatient settings, and there remains an absence of data on attitudes towards HIIT from informal family carers of service users and healthcare professionals, who both have key roles to play in facilitating recovery outcomes in service users. This study sought to qualitatively investigate, in inpatients with SMI, carer and staff groups, perspectives on implementing HIIT interventions for patient groups in inpatient settings.

**Method.** Seven focus groups and one individual interview were conducted. These included three focus groups held with inpatients with SMI (n = 12), two held with informal carers (n = 15), and two held with healthcare professionals working in inpatient settings (n = 11). An additional individual interview was conducted with one patient participant. The focus group schedule comprised open-ended questions designed to generate discussion and elicit opinions surrounding the introduction of HIIT on inpatient mental health wards. Data were subject to a thematic analysis.

**Result.** Two key themes emerged from the data, across all participants, that reflected the 'Positivity' in the application of HIIT interventions in psychiatric inpatient settings with beliefs that it would help patients feel more relaxed, build their fitness, and provide a break from the monotony of ward environment. Moreover, the short length of HIIT sessions was deemed appealing to mitigate against difficulties that many inpatients can experience with

motivation, interest and attention, and was considered to be more appealing than more lengthy forms of exercise, which may require greater physical exertion. The second theme related to 'Implementation concerns', that reflected subthemes about i) low patient motivation, particularly with older participants, those administered many medications, and for those with less positive memories of exercise ii) patient safety, including concerns surrounding the intensity of HIIT and inclusion of patients with physical health comorbidities and iii) practical logistical factors, including having access to the right sports clothing and staff availability to supervise HIIT.

**Conclusion.** HIIT for inpatients with SMI was actively endorsed by patients, carers and healthcare professionals. Patient safety and baseline motivation levels, and practical service considerations were all noted as potential barriers to successful implementation and are worth considering in preparation for trialing a new intervention.

### Patient experience of telemedicine in addictions

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**Aims.** Opioid dependence has high risks and opioid substitution treatment (OST) improves outcomes and reduces deaths. Attendance at addiction specialist prescribers may be limited, particularly in rural areas. Telemedicine, such as videoconferencing, can reduce travel and improve access and attendance. Pre-COVID-19, we started a telemedicine service for patients with opioid dependence, prescribed opioid substitution treatment, requiring addiction specialist prescriber consultations. We present patient experience and assess whether patients recommend telemedicine.

**Method.** Health Research Authority approval for Randomized Controlled Trial of Telemedicine versus Face-to-Face (control) appointments in large semi-rural community addictions service (2500km<sup>2</sup>) using a modified Hub-and-Spoke (outreach). Adult opioid dependent patients prescribed OST and attending outreach clinics recruited. Participants received two consultations in group. Telemedicine delivered using Skype-for-business videoconferencing. Patients attended outreach clinic, where an outreach worker undertook drug testing and telemedicine conducted via the outreach workers laptop. Specialist addiction prescribers located remotely, at the Hub. Patients self-completed NHS Friends and Family Test (FFT) immediately after appointment, separate from the wider research study. Data collected Sept 2019– March 2020 (pre-COVID-19 lockdown), Microsoft Excel analysis, with qualitative thematic free-text analysis.

**Result.** Thirty completed FFTs were received, of which all participants were 'extremely likely' (n = 19;67%) or 'likely' (n = 11;37%) to recommend the Telemedicine service to friends or family, if they needed similar care. Two themes for reasons for recommending the service were; 1. Convenience (reduced travel, reduced travel time and reduced travel costs) and 2. Supportive Staff (including listening, caring and good support). One patient mentioned 'it is a convenient way to communicate with medical staff, saving time and effort'. Regarding Telemedicine appointments, most participants responded that the timing of telemedicine

appointments was good ( $n = 26;87\%$ ), given enough information ( $n = 30;100\%$ ), enough privacy ( $n = 28;93\%$ ), enough time to talk ( $n = 30;$

$100\%$ ), involved as much as they wanted ( $n = 25;83\%$ ), given advice on keeping well ( $n = 28;93\%$ ), and NHS staff were friendly and helpful ( $n = 29;97\%$ ). No participants thought they were treated unfairly. When asked what went well, patient themes were: 1. Everything and 2. Communication (including listening and explaining). One patient stated 'Everything better, telemedicine good, heard it well, everything improved this year'. In terms of what the service could do better, there were no issues identified.

**Conclusion.** The Telemedicine in Addictions service was overwhelmingly highly recommended by patients. Patients recommended the service because of convenience and supportive staff. The use of telemedicine is acceptable to patients and could be considered more widely. Due to COVID-19, this technology may be beneficial access to addiction services.

### Association of COVID 19 pandemic with new onset Obsessive-Compulsive Disorder (OCD) symptomology in the medical students – A cross sectional study

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**Aims.** Obsessive-Compulsive Disorder (OCD) is an anxiety disorder, which is the sixth largest contributor to non-fatal health loss globally. Coronavirus disease (COVID-19) pandemic, aside from its impact on physical health, has also had its effects on mental health. This study aimed to explore the frequency of new onset OCD symptomology in medical students amidst COVID-19 pandemic and its association with potential sociodemographic parameters.

**Method.** This cross-sectional study was conducted among medical students studying in Pakistani medical colleges. Data were collected after ethical approval from 1st January 2020 to 20th January 2020 during the second COVID-19 wave. Participants with a history of diagnosed psychiatric illness such as OCD, bipolar disorder, depression, anxiety and those taking relevant medications were excluded from the study. The online questionnaire included Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) and Revised Padua Inventory-Contamination Subscale (PI-CS), which were used to assess OCD symptoms and aversion for contamination respectively. Participants filled Y-BOCS twice, once for pre-pandemic score (based on self-recall), and a second time during 2nd wave of COVID-19. Data were analysed using IBM SPSS v23.0 (Armonk, N.Y., USA).

**Result.** The study included 711 participants (Males: 29.8%, Mean age:  $21.59 \pm 1.52$  years) from over 46 medical colleges and over 44 cities of Pakistan. The mean pre-pandemic and mid-2nd wave Y-BOCS scores were  $11.86 \pm 6.02$  and  $15.61 \pm 7.41$  respectively. The mean PI-CS score was  $17.27 \pm 9.17$ . Twenty five percent ( $n = 176$ ) of students developed new onset OCD symptomology during pandemic, while seventy percent ( $n = 497$ ) suffered from worsened Y-BOCS score during pandemic. New onset OCD symptomology was associated with age less than 20 years ( $p = 0.02$ ), higher PI-CS score ( $p = 0.001$ ) and studying in preclinical years ( $p = 0.002$ ). Worsening of YBOCS score had significant association with female gender ( $p = 0.02$ ), attending pandemic related awareness seminar ( $p = 0.027$ ), studying in preclinical years ( $p < 0.001$ ) and age less than 20 years ( $p < 0.001$ ). High Padua scorers (16 and above) showed significant association with increase in YBOCS score ( $p < 0.000$ ), age less than 20

years ( $p = 0.005$ ), preclinical years ( $p = 0.001$ ), frequency of engagements in pandemic related discussions ( $p = 0.001$ ) and change in YBOCS score ( $p < 0.001$ ).

**Conclusion.** Our findings indicate that the prevalence of OCD symptomology increased during the COVID-19 pandemic as demonstrated by increased Y-BOCS scores. Femal medical students and students in preclinical years are more likely to suffer from psychological impact of COVID-19 pandemic and heightened concerns and fear for contamination.

### Reducing aggression and improving offending outcomes in youth with conduct disorder, results of a systematic review

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**Aims.** The aim of this literature review was to determine what interventions are effective in reducing aggression and offending behaviour in under 18's with conduct disorder.

Null hypothesis: There is no difference in aggression or offending behaviour in under 18's with conduct problems in spite of interventions offered

**Background.** Mental health services for children and adolescents who are aggressive or who have come into contact with the Youth Justice System are sparse and often under resourced. Conduct disorder (CD) is one of the most frequently diagnosed conditions in adolescents, particularly in young offenders (Kenny et al 2007). The most effective prevention programs for youth at risk of persistent delinquency has previously been found to be a multi model program focussing on the family context. However, this has not taken in to consideration the extent and prevalence of mental disorder, including conduct disorder, within the target population.

**Method.** A systematic literature search was undertaken on medline and psychinfo between January and December 2018. Identified papers were then screened by two independent researchers against pre-agreed inclusion and exclusion criteria. Relevant papers were assessed for bias and results summarised.

**Result.** From an initial data set of 526 papers, 9 were included for review. 4 focussed on psychopharmacology (1 aripiprazole, 1 risperidone, 1 risperidone vs clozapine, 1 clozapine), 1 family centred feedback, 1 Mode Deactivation Therapy and 3 were multi modal (combinations of Mode Deactivation Therapy, Stop Now and Act Programme, CBT, Didactic sessions, 1:1 counselling). None of the multi-modal interventions were standardised or comparable to each other. End points varied from 8 weeks (aripiprazole) to 15 months (multimodal SNAP programme). Settings varied from community programmes to secure inpatient settings. Whilst one risperidone study reported it to be effective in reducing aggression, it was not significant. One SNAP (multi-modal) programme failed to show significant effect. All other 7 interventions, across various methods, demonstrated significant reductions in aggression, violence or other antisocial behaviour.

**Conclusion.** Few papers were identified that assessed interventions for youth with conduct disorder. The papers that were identified were significantly heterogeneous in their intervention, sample selection, methodology and outcome measures. Unfortunately, this leads to an inability to compare any interventions for this demographic. Despite the rise in Forensic Child and Adolescent Mental Health Services, there is a weak and poorly understood evidence base for supporting and managing young people with conduct disorder.