In the future, we will continue to improve the RPP with further PDSA cycles and carry out an audit on the system on a regular basis to ensure standards are met.

Treatment resistant depression in the UK: sub-analysis of a European real-world evidence study

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Aims. Treatment resistant depression (TRD) affects ≤20% of patients with major depressive disorder and is defined as failure to respond to ≥2 different antidepressants in the same major depressive episode (MDE). TRD patients' outcomes are poor and real-world data from the UK are limited. The Treatment Resistant Depression in Europe Cohort was established to study patients being treated in local, routine clinical practice. The analysis presented here aimed to compare UK-specific data with data from other European countries included in the study.

Method. A prospective, multicentre, observational cohort study of TRD patients in Italy, Germany, Spain, Portugal, the Netherlands, the UK and Belgium was conducted. Patients aged 18–74 years with current TRD, Montgomery-Åsberg Depression Rating Scale (MADRS) score ≥20, and initiating a new treatment for depression, were eligible. Data from medical records, clinician assessments and patient-reported questionnaires were collected over time, with follow-up of ≥6 months.

Result. Data from 411 patients were analysed. At baseline, UK patients (n = 49) had similar depression severity to the whole European cohort (34.7% vs 32.6% of patients categorised as severe based on MADRS score, respectively). Patients had experienced the current MDE for a mean (standard deviation [SD]) of 6.1 (7.9) years vs 2.6 (3.9) years and 14.3% vs 4.9% had experienced ≥5 treatment failures during this time in the UK and whole cohort, respectively. Total mean (SD) Sheehan Disability Scale (SDS) scores of 24.5 (5.1) and 22.4 (5.5) were reported for the UK and whole cohort, respectively. Unemployment and long-term sick leave rates were 38.8% and 20.4% in the UK and 30.2% and 19.0% in the whole cohort, respectively. At 6 months, 8.9% of UK patients were in remission, and 82.2% had not responded to treatment, representing the lowest remission and highest non-response rates across all countries.

Conclusion. UK patients had been ill for longer and had more prior treatment failures than other countries in the study. They had high work and functional impairment, and the worst treatment outcomes of all the countries studied. UK TRD patients experience high disease burden; there is an unmet need for treatment strategies with better response rates.

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CAMHS Emergency Assessment Service (EAS): development & implementation during the COVID-19 crisis

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Aims.

- To provide emergency psychiatric assessment throughout the COVID-19 pandemic.
- To maintain patient and staff safety by minimising exposure to infection risk by reducing A&E contact.
- To alleviate pressures on the A&E department by enabling CAMHS patients be seen in an alternative setting.
- To provide a more appropriate environment for the assessment of young people in acute distress.

Method.

- Service live 8th April 2020 to 8th June 2020.
- Exclusion criteria: 1) confirmed/suspected overdose; 2) self-harm with injuries requiring medical attention; 3) acute psychotic episode; 4) drug/alcohol intoxication; 5) high risk of absconding (ASD/LD/LAC), 6) severe agitation/aggression; 7) eating disorders requiring medical intervention; 8) section 136 of the MHA; 9) break down of a social care placement; 10)medically unexplained symptoms.

  Data reviewed of all young people who were referred to A&E during March–April 2020. Each case was assessed as to whether they were then seen within the EAS Service.

  These cases were reviewed demographically looking at ethnicity, gender, while also reviewing the reason for referral.

Result.

- A total of 90 cases referred to Urgent Care Team
- Nineteen (21%) met criteria for assessment at EAS
- 80% of presentations between 12am and 9am.
- Commonest reasons for referral : low mood with suicidal ideation (42%), anxiety (26%)
  → 50% service users not previously known to CAMHS
- Majority of service users were female
- Mean age 15 years
- All but one of the young people assessed at the EAS, were discharged home with community follow-up

Conclusion.

- Average total no. monthly referrals to CAMHS Urgent Care Team (UCT) fell from approx. 90 to 45.
- Only a small proportion of referrals (21%) could be safely seen by the EAS, suggesting that the majority of young people required a joint assessment by A&E and CAMHS Urgent Care Team.
- When need arises, very rapid reconfiguration and implementation of CAMHS emergency services is achievable.
- EAS diverted a small number of young people from exposure to COVID-19 in A & E.
- The service was set up speedily without evaluation of parent/carer/young people views or evaluation of cost-effectiveness.
- If similar services are to be set up permanently, the balance between safety and the risk of division between mental & physical health services and potential to increase stigmatisation of mental illness should be considered.
- Adaptation to future outbreaks should be informed by this initiative.

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