very reluctant to discuss eye donation as they perceive it as something that will distress patients and family members.

Aim This presentation shares findings regarding the views of patients and carers, including: their feelings and thoughts about the option of eye donation being raised with them, who they think should raise this issue, when this option should be discussed and who should be included in the discussion. Findings are drawn from the NIHR funded national study: *Eye Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions* taking place in three palliative care and three hospice care settings across England (EDiPPPP) and the global literature.

Conclusion In view of data from the Royal National Institute of Blind People (RNIB, 2016) reporting that over two million people in the UK are living with sight loss and their prediction that this figure will double to nearly four million by 2050 it is imperative that anyone who could be, and would want to donate the gift of sight, is offered the opportunity to do so, especially as they approach their end of life.

0-20 LIVING WELL WITH AN ADVANCED LUNG CONDITION

Sally Boa, Lee Deane, Robyn Smith, Jackie Higgins, Sarah Miller, Holly McGuigan, Alison Moodie. *Strathcarron Hospice, Denny, UK*

10.1136/spcare-2021-Hospice.19

Background Whilst our established support for people living with breathlessness was long-standing, it was not multidisciplinary or fully evidence-based. We wanted to address this for the benefit of patients and the wider health system. The Cambridge Breathlessness Intervention Service (CBIS) model is an evidence-based approach to support people living with advanced lung conditions to manage their breathlessness (Higginson, Bausewein, Reilly, et al., 2014). Consultation with service users suggested that patients wanted support to: manage breathlessness, improve mental wellbeing, mobility and symptom management as well as help with planning ahead and reducing isolation.

Aims To implement and evaluate a breathlessness intervention using a multidisciplinary skill mix and trained community volunteers.

Methods Using the CBIS model as a framework, we reshaped, redeployed and trained our team to deliver this intervention at home. We supplemented this with a layer of social support provided by experienced compassionate neighbour volunteers. We evaluated the impact of the intervention through: before and after breathlessness self-rating scales, interviews with patients and case studies documenting the use of different parts of the service (e.g. physiotherapist, nurse, occupational therapist, rehabilitation assistant, complementary therapy).

Results This project has been delivered during the COVID-19 pandemic, so there were practical issues around seeing patients face-to-face, and we were unable to support as many as expected. To date, 28 patients have been referred to the service. Of these, 18 received input. We will report on changes in self-rating scores and feedback from interviews with patients and families. To date, only a few participants opted to have a compassionate neighbour.

Conclusions Initial findings suggest that although delivery of this project was hampered by the pandemic, patients valued the service and benefitted from practical input from the MDT.

Limitations on being able to provide face-to-face support may have influenced uptake of compassionate neighbours and reduced the number of patients seen.

Parallel Session 6.1 – Supporting children and young people: addressing choices and challenges (Friday 5 November, 13:00 – 14:00)

0-21 'EXHAUSTED, EMOTIONAL, AT BREAKING POINT': THE MENTAL WELLBEING OF YOUNG ADULTS WITH SHORTENED LIVES

¹Sarah Earle, ¹Maddie Blackburn, ²Liz Chambers, ³Julia Downing, ^{4,5}Kate Flemming, ⁵Jamie Hale, ¹Hannah Marston, ¹Lindsay O'Dell, ⁶Sarah Earle, ⁷Lucy Watts, ⁸Sally Whitney. ¹The Open University, Milton Keynes, UK; ²Together for Short Lives, Bristol, UK; ³ICPCN, Bristol, UK; ⁴Hospice UK, London, UK; ⁵Department of Health Sciences, University of York, UK; ⁶Independent Researcher, London, UK; ⁷Independent Researcher, Essex, UK; ⁸Independent Researcher, Brighton, UK

10.1136/spcare-2021-Hospice.20

Background Young adults with life-limiting or life-threatening conditions (LLTCs) are ordinarily extremely challenged in terms of health and wellbeing and especially vulnerable to social isolation and exclusion (Johnson & Hodgson, 2018; Knighting K, Bray L, Downing J, et al., 2018). Society's response to COVID-19 poses an additional threat to this group who are at risk of being further left behind, creating long-lasting consequences for their mental wellbeing.

Aims To examine the unintended consequences of (COVID-19) epidemic-control decisions on young adults with LLTCs to (a) understand the needs of this group (b) develop guidance and support and, (c) determine how consequences could be mitigated.

Methods This inclusive research project, underpinned by an interpretive qualitative framework (Denzin, 2003) draws on the principles of co-design (Nind, 2014). Research participants were recruited using purposive and theoretical sampling using a variety of methods including advertising for participants, existing networks and snowballing. During July-September 2020, in-depth interviews were conducted via video-conference with 28 young adults aged 18-40. Data were analysed iteratively using constructivist Grounded Theory Method (cGTM) (Charmaz, 2006) and using the qualitative software analysis package QSR NVivo.

Results Participants experienced a decline in mental wellbeing with those with pre-existing mental health issues showing the most significant decline; in these cases, participants spoke about suicidal ideation, depression and anxiety and an increased need for medication and therapy. Many participants described a 'rollercoaster' of emotions and said that they had felt 'petrified' 'overwhelmed', 'worried' and 'forgotten'. Key themes included (a) the constant management of risk to avoid (physical) harm from COVID-19 while protecting mental health (b) the desire to 'keep busy' as a means of 'thinking less' in order stay mentally well (c) a re-evaluation of what matters in life.

Conclusion Main learning points: (1) acknowledgement that although people with LLTCs are typically isolated and excluded that the pandemic has magnified and exacerbated