14–65 experiencing a first episode of psychosis. The service supports a diverse population across Derby City (Census 2021 population: 261,400) and Derbyshire South County (Census 2021 population: 349,000), reflecting varying demographic and clinical characteristics. This study examines diagnostic outcomes, referral sources, and discharge destinations of discharged patients.

Aim was to ascertain the diagnostic outcomes, referral sources, and discharge destinations of patients discharged from the EIP service in Derby City and Derbyshire South County.

Methods: All patients discharged from the EIP service between 1 April 2023 and 1 April 2024 were included. Included patients were under the service for at least 3 months. Some continued up to 3 years, while others were discharged earlier for reasons such as non-psychotic diagnoses. Data on diagnosis, referral source, and discharge destination were retrospectively collected from clinical records, recorded in an Excel spreadsheet, and analysed to identify key patterns and trends.

Results: Nearly half of discharged patients (46.67%) had a psychosis spectrum diagnosis (F20–F29; ICD-10). Organic psychoses (4.4%), drug-induced psychosis (8.8%), bipolar disorder with psychotic symptoms (11.1%), other mood-related psychoses (6.6%), and non-psychotic conditions (22.2%) were also identified.

Referrals came primarily from secondary mental health services (48.89%), inpatient units (34.4%), primary care (12.2%), and the Court Liaison and Diversion Service (4.4%).

Discharge destinations showed that 42.7% of patients were transferred to Community Mental Health Teams, and 47.1% were discharged to primary care. Smaller proportions were discharged to learning disabilities services (1.1%), out-of-area early intervention for psychosis services (7.87%), or the perinatal team (1.1%).

Conclusion: The Derby EIP caseload aligns with the service's focus on first episode psychosis. Low referral rates from primary care indicate that many patients are first identified in crisis settings. However, the majority of patients being discharged to primary care highlights the effectiveness of an intensive, multidisciplinary approach. The small number of referrals to specialized services reinforces positive outcomes in EIP patients.

Enhancing Patient Care: A Review of Physical Health Equipment in CMHTs

Dr Dilshana Nafisa Bapakunhi and Dr Harini Bandela

Essex Partnership University NHS Foundation Trust, Colchester, United Kingdom

doi: 10.1192/bjo.2025.10512

Aims: Individuals with mental illness face a higher risk for cardiovascular and metabolic disorders, exacerbated by psychotropic medications. Physical health assessments in CMHTs are crucial to prevent undiagnosed conditions and ensure proper care.

Guidelines emphasize the need for essential equipment for thorough assessments, as missing tools can hinder care and lead to misdiagnosis. This audit follows the POMH Valproate audit, which identified gaps in equipment availability in CMHTs across Essex.

The aim is to assess whether CMHTs have the necessary equipment for physical examinations according to trust policy, ensuring service quality by maintaining properly stocked and functional items.

Methods: This audit was conducted trust-wide across 10 CMHTs in North East, Mid, West, and South Essex from July to December 2023. A standardized proforma, aligned with the Physical Healthcare Trust policy, was used to assess equipment availability. Compliance was measured as the percentage of required items present and functional.

The audit followed these steps:

Initial Contact: We contacted the manager of each CMHT and liaised with assigned personnel responsible for physical health equipment.

Site Visits: We visited each centre, met with the physical health lead nurse (where available), and gathered data on equipment availability.

Equipment Assessment: We assessed all required equipment in collaboration with the nurse responsible for physical health and the examination room.

Discussion and Analysis: We discussed reasons for missing equipment and challenges in maintaining compliance.

Results: No site met the 100% compliance target. Key findings include:

Highest compliance: 76.6%.

Most CMHTs: 60-70% compliance.

Lowest compliance: 46.6%.

Commonly missing items: Pentorch, ophthalmoscope, otoscope, tongue depressors, reflex tendon hammer, tuning forks, peak flow meters.

Findings were presented to the Physical Health Sub-Committee and the Medicine Management Committee. Recommendations include appointing leads in each CMHT to oversee equipment checks and ensuring trust policy visibility in clinic rooms.

Following the audit, missing and non-functional equipment was restocked. Measures were taken to verify that all items were fully operational and accessible for healthcare professionals when needed. Physical examination rooms in CMHTs were also checked to ensure that the policy was visibly displayed and regularly reviewed for compliance.

Conclusion: The availability of essential physical health equipment is crucial for adhering to assessment guidelines. Gaps in equipment availability were identified, prompting corrective actions such as restocking missing items and appointing responsible leads. These steps aim to enhance patient care by ensuring thorough and effective physical health assessments.

STAMP (Supporting Treatment and Appropriate Medication in Paediatrics) to STOMP (Stopping Over Medication of People With a Learning Disability and Autistic People) – A Review of the Demographic and Clinical Characteristics of Transitions From CAMHS to Adult MHLD and Their Outcomes

Dr Sajitha Nair[1] and Dr Mogbeyiteren Eyeoyibo[2]

[1]Kent and Medway NHS and Social Care Partnership Trust, Ashford, United Kingdom and [2]Kent and Medway NHS and Social Care Partnership Trust, Dartford, United Kingdom

doi: 10.1192/bjo.2025.10513

Aims: This study investigates the demographic and clinical characteristics of young individuals (aged 17–24) transitioning from

CAMHS (Child and Adolescent Mental Health Service) to Adult MHLD (Mental Health of Learning Disability) services in North Kent. It examines the reasons for psychotropic medication use, assesses medication burden, and evaluates MHLD's effectiveness in reducing or discontinuing unnecessary prescriptions.

Methods: A retrospective review was conducted by searching the records of patients registered with MHLD North Kent between 2011 and 2022. The study included individuals aged between 17–24 years at their first MHLD assessment, either referred from CAMHS or via GP, Community Learning Disability Team, or Community Mental Health Team. Those first seen after age 24 were excluded. Data analysis covered referral sources, demographics, co-morbidities, prescribing patterns, and treatment outcomes.

Results: Seventy-one patients were identified, with an average referral age of 19. Males comprised 65%. 82% were White British. Learning disabilities were classified as mild (38%), moderate (39%) or severe (23%), with 87% having autism and 32% diagnosed with ADHD. Epilepsy was noted in 25%. Psychotropics were primarily prescribed for behavioural challenges, with risperidone being most common (32%), followed by promethazine (30%), melatonin (23%), and aripiprazole (15%). Medication reduction was attempted in 27% of cases, with 18% achieving successful dose reduction or discontinuation. Psychological interventions were provided to 55% of patients, with 36% having a diagnosis of challenging behaviour. Importantly, no patient exceeded a psychotropic load of 100%.

Conclusion: The main reason for referral was challenging behaviour. Psychotropic prescribing was frequent, yet no direct link was found between prescribing patterns and demographic factors. The MHLD team successfully maintained psychotropic loads within safe limits and engaged over half of the patients in psychological therapies. While medication reduction efforts were undertaken, success rates remained modest.

Recommendations:

Strengthen medication monitoring systems to enhance reduction efforts.

Develop a structured STOMP/STAMP plan and share it with GPs and carers.

Regularly review care plans, particularly when side effects arise.

Improve access to MHLD services for GPs and carers to build confidence in medication management.

Work closely with psychological services to address challenging behaviour at its source.

Implement a clear medication review flowchart, incorporating it into patient records and communication with primary care.

These steps aim to enhance care for individuals with intellectual disabilities and refine medication management within MHLD services.

A Service Evaluation Exploring Referrals Made From Primary Care to CAMHS in Children With a Potential Diagnosis of ADHD, Autism and Other Mental Health Conditions in a South London Based GP Practice

Miss Thusani Nanthakumaran

St George's University of London, London, United Kingdom

doi: 10.1192/bjo.2025.10514

Aims: This service evaluation aims to identify and assess referrals made to CAMHS at a south London based GP practice. The focus of this evaluation will be on referrals for Attention Deficit hyperactivity Disorder (ADHD), autism, anxiety and other mental health conditions such as depression and suicidal ideation. It will also aim to assess if the support available to parents and children is sufficient and if the long waiting times creates pressure on the practice.

Methods: This service evaluation has a cohort of 50 patients who were randomly selected through the EMIS database and had referrals to CAMHS from the practice for autism, ADHD, anxiety and other mental health conditions. The eight parameters that are being measured in this study are:

Age.

The type of mental health support that is offered in the community for the child, e.g. counselling.

The date of first referral from the GP practice.

The date whereby the referral was accepted or rejected.

If the referral was rejected, were there any more referrals?

If the referral was accepted, the number of appointments between referral and diagnosis at A&E.

If the referral was accepted, the number of appointments between referral and diagnosis at the GP.

The type of information and support given to the parents.

Results: In this study a total of 88 extra consultations were made at the practice or A&E with 84% of these consultations made at the GP. Many extra consultations were made at the general practice due to the long waiting times and worsening mental health whilst waiting for CAMHS input. 59% of referrals were rejected or put on a waiting list after the first referral was made. After the initial referral, 32 % of patients made extra referrals, the majority being for ADHD and autism. Rejected referrals for ADHD were the highest at 14% of the total cohort and rejections for other mental health conditions were the lowest at 4%. Some patients received support in the community before or whilst waiting for a referral such as occupational therapy, counselling and school support.

Conclusion: This retrospective study highlights the need for more clarity in referral criteria for GPs and in signposting support services during initial referral and diagnosis to prevent the condition of the patient getting worse.

Readmission Patterns to KMPT Acute Wards

Dr Olubunmi Olure and Dr Valsraj Koravangattu

Kent and Medway NHS and Social Care Partnership Trust, Kent, United Kingdom

doi: 10.1192/bjo.2025.10515

Aims: To identify patterns of readmission to acute wards and look for specific themes associated with readmissions – discharge planning, diagnosis, gender, social support, accommodation issues and any other associations.

To Identify improvement opportunities to align with the patient flow programme.

Methods: Data was gathered from KMPT Electronic patient record system. A total number of 12,602 admissions to all wards across KMPT between July 2019 and August 2024. The number of readmissions were extracted from this data.