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