

Disorders. There was a sharp increase in referrals to the CAMHS Eating Disorder Service during the COVID-19 pandemic. Following the end of the COVID-19 lockdowns and easing of restrictions there has been a return to almost pre-pandemic levels in terms of referrals. Paediatric admissions and psychiatric admissions increased significantly during the COVID-19 pandemic. Rates of psychiatric admissions for eating disorders are now much lower than pre-pandemic levels. Rates of paediatric admissions for eating disorders remain elevated.

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Cherry Tree Close: Achieving Accreditation

Dr Zaim Mohdesham, Dr Ahmed Rozza and Dr Kopal Tandon
Derbyshire Healthcare NHS Foundation Trust, Derby, United Kingdom

doi: [10.1192/bjo.2025.10509](https://doi.org/10.1192/bjo.2025.10509)

Aims: Cherry Tree Close, a mental health rehabilitation and recovery unit based in Derby, England was assessed in October 2023 to compare current standards against the quality standards outlined in the Standards for Inpatient Mental Health Rehabilitation Services 4th Edition though did not fulfil the required criteria to achieve accreditation. Since then, the service has made further developments.

This is a service evaluation study to compare the current service delivery of Cherry Tree Close, against the quality standards set out in the Standards for Inpatient Mental Health Rehabilitation Services 4th Edition document to identify progress towards achieving accredited status.

Methods: The electronic patient records of service users admitted to the ward were reviewed between November and December 2024. Service users and members of the multidisciplinary team were interviewed. A visual inspection of the unit was carried out. Relevant standard operating procedures were reviewed.

To achieve accreditation, services are required to meet 100% of type 1, 80% of type 2 and 60% of type 3 standards.

Results: For type 1 standards, 95/109 standards (87.1%) were achieved in 2024 when compared with 93/109 (85.3%) in 2023.

For type 2 standards, 39/50 standards (78.0%) were achieved in 2024 when compared with 38/50 (76.0%) in 2023.

For type 3 standards, 8/14 standards (57.1%) were achieved in 2024 when compared with 5/14 (35.7%) in 2023.

The improvement relates to development of a local community enhanced rehabilitation service and expansion of the multidisciplinary professionals including recruitment of team psychologists, assistant psychologists, and resident doctor in training.

The remaining unmet standards relate to the infrastructure of the unit, care pathways, staff training, supervision, wellbeing, and service management.

Conclusion: Currently, Cherry Tree Close has not fulfilled the criteria to achieve accreditation status.

Further meetings have been arranged with the transformation team to work on further developing the service towards achieving accreditation.

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Ethnic Profile of Patients Discharged From a First Episode Psychosis Service in Derby City and South County

Dr Mahendra Kumar and Dr Remon Mosaad

Derbyshire Healthcare Foundation Trust, Derby, United Kingdom

doi: [10.1192/bjo.2025.10510](https://doi.org/10.1192/bjo.2025.10510)

Aims: The Early Intervention for Psychosis (EIP) service in Derby City and Derbyshire South County provides care for individuals aged 14–65 experiencing a first episode of psychosis. Derby City (Census 2021 population: 261,400) is ethnically diverse, with White residents forming 73.8%, Asian residents 18.1% (including mixed White/Asian, and Arab), and Black residents 6.1% (including White and Black Caribbean, mixed White/Black, and African). In contrast, Derbyshire South County (Census 2021 population: 349,000) has a predominantly White population (95.2%), with Asian residents at 2.8%, Black residents at 1.4%, and other ethnic groups at 0.5%.

Aim was to ascertain the ethnic profile of patients discharged from the EIP service in Derby City and Derbyshire South County, comparing these findings with respective census data.

Methods: All patients discharged from the EIP service between 1 April 2023 and 1 April 2024, who were under the service for more than 3 months and typically not more than 3 years, were included. Data on ethnicity was retrospectively collected from clinical records, recorded in an Excel spreadsheet, and analysed to identify disparities compared with census demographics.

Results: In Derby City, White patients were under-represented at 60.87% compared with 73.8% in the census. Asian patients were over-represented at 21.74% versus 18.1%, and Black patients accounted for 17.39% of discharges compared with 6.1%. Other ethnic groups were absent (0%) compared with 2.0% in the census.

In Derbyshire South County, White patients represented 61.36% of discharges, lower than 95.2% in the census. Asian patients were over-represented at 27.27% compared with 2.8%, and Black patients at 11.36% versus 1.4%. No representation was observed from other ethnic groups, despite a 0.5% census presence.

Conclusion: The study highlights disparities in the ethnic profile of discharged EIP patients. Asian and Black populations were consistently over-represented, while White populations were under-represented, especially in Derbyshire South County. The absence of other ethnic groups raises concerns about service access. Further investigation is needed to explore factors such as socio-economic influences, cultural perceptions of mental health, referral pathways, and potential systemic biases.

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Outcomes of Patients Discharged From a First Episode Psychosis Service in Derby City and South County

Dr Mahendra Kumar and Dr Remon Mosaad

Derbyshire Healthcare Foundation Trust, Derby, United Kingdom

doi: [10.1192/bjo.2025.10511](https://doi.org/10.1192/bjo.2025.10511)

Aims: The Early Intervention for Psychosis (EIP) service in Derby City and Derbyshire South County provides care for individuals aged

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.

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

Dr Dilshana Nafisa Bapakhunhi and Dr Harini Bandela
Essex Partnership University NHS Foundation Trust, Colchester,
United Kingdom

doi: [10.1192/bjo.2025.10512](https://doi.org/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.

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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 MHL and Their Outcomes

Dr Sajitha Nair¹ and Dr Mogbeyiteren Eyeoyibo²

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

doi: [10.1192/bjo.2025.10513](https://doi.org/10.1192/bjo.2025.10513)

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