

enhanced documentation, facilitated multidisciplinary discussions, and improved identification of health risks. Strengthening MDT handover processes ensures timely follow-up, reinforcing the importance of structured, standardised approaches in psychiatric physical healthcare.

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Physical Health Monitoring of Patients Prescribed Depot Antipsychotic Medication and Clozapine in the North-West Edinburgh Community Mental Health Team

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Aims: Antipsychotic medications are associated with metabolic syndrome and increased cardiovascular risk. Monitoring the physical health of patients receiving these medications is a key part of delivering safe and effective care.

Since 2020, audit cycles in the North-West Edinburgh Community Mental Health Team (NWCMT) have found this monitoring to be consistently poor.

An experienced nurse was appointed lead of a new physical health clinic and it was incorporated into timetables of junior doctors to facilitate liaison with primary care. This weekly clinic was established in NWCMT in 2023 focusing on those prescribed depot antipsychotic medication and clozapine.

We aim to assess the impact of this service development on patient care.

Methods: Scottish Intercollegiate Guidelines Network publication 131 was used as the gold standard, which cites 9 domains to monitor annually – past medical history (PMH), family history (FH), smoking history, BMI (or weight or waist circumference), blood pressure (BP), HbA1c, lipids, prolactin and ECG.

Data was collected for these domains for patients prescribed and administered depot antipsychotic medication or clozapine in the NWCMT for the calendar year of 2024. Data was collected from the local computerised clinical notes system (TRAK) and anonymised in line with NHS Information Governance Policy.

Results: 163 patients were prescribed depot antipsychotic medication or clozapine by the NWCMT in 2024. 58% (n=95) of these patients were offered an appointment at the physical health clinic, with 37% attending (n=60).

Across all domains, monitoring of those who attended clinic was better than those who did not – PMH (97% vs 48%), FH (95% vs 36%), Smoking (95% vs 44%), BMI (87% vs 28%), BP (97% vs 69%), HbA1c (82% vs 55%), lipids (74% vs 49%), prolactin (51% vs 35%) and ECG (85% vs 36%).

Of all 163 patients, the average completed monitoring across all nine domains was 60% in 2024. The average across all domains before the clinic was established was 30%.

Conclusion: There has been a significant improvement in monitoring in this patient group since the clinic was established in 2023. Patients who attend this clinic are monitored more effectively.

However, there are opportunities for further improvement. This would include identifying barriers that arise in achieving 100% across all domains in attendees and assessing factors that impede attendance at the clinic.

These results support plans to expand the clinic to ensure that the physical health of this patient group is appropriately monitored to achieve safe and effective care.

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Evaluation of a Child and Adolescent Mental Health Service Using a Multidisciplinary Team Approach for New Assessments of ADHD

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Aims: To reduce the waiting list, senior Psychologists and Psychotherapists started undertaking ADHD assessment as well as Psychiatrists in a CAMHS Outpatient Clinic. The aim of this Service Evaluation was to see if there was any difference regarding who performed the initial assessment and the management offered.

Methods: New assessment letters were reviewed from February–November 2024.

Data was collected including demographics, type of clinician, diagnosis and management.

Categorical data was assessed for statistical significance using Chi-square tests and numerical data using ANOVA.

The data was presented to the MDT to think about clinical significance.

Results: 103 patients were assessed with an average age of 11.7. Fifty-four were seen by a Psychiatrist, 39 were seen by a Psychotherapist and 10 were seen by a Psychologist. 25 of these patients required a follow-up with a Psychiatrist.

28 of the patients had a previous diagnosis of ADHD and therefore were required to be seen by a Psychiatrist. Of these patients, 26 retained their diagnosis at the point of initial assessment.

Of the children that had not been previously diagnosed with ADHD, 72% were given a new diagnosis of ADHD at initial assessment. After accounting for previously diagnosed patients, there was no statistical significance in number diagnosed by the different types of clinicians. There was no statistically significant difference between the management options offered and the type of clinician assessing.

Conclusion: Since this change, the service was able to nearly double the number of young people seen. This is a vital step as the number of referrals for the service has also increased over this time.

It was felt that there was a consistent approach across the service as there was found to be no statistically significant difference in either diagnosis given or management options offered by clinician types, after accounting for prior diagnosis. This allows some confidence that patients get the same, unbiased approach, regardless of clinician type.

Psychiatrists had a follow-up appointment with about half of the patients assessed by other clinicians. The follow-up takes less clinical time compared with the new assessment, however, this must be considered in the planning of a service.

Once a child has been diagnosed it is crucial that they are able to be offered the necessary services (Family Therapy, Psychology, Psychotherapy, Medication reviews) in a timely manner. Services must ensure a good balance between new assessments and looking after those post diagnosis.

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Evaluating Change of Attendance Rates in Psychiatric Outpatient Clinics Following Introduction of Short Message Service in a Mental Health Service in West Midlands, England

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Aims: It was intended to explore the change in nonattendance rate at outpatient clinics following the introduction of Short Message Service (SMS) reminders in the Black Country Healthcare NHS Foundation Trust, which serves four regions in the West Midlands.

Methods: The Trust introduced an SMS system in March 2024 to prompt the patients about their upcoming outpatient appointments. In a mirror-image design, we analysed the Did Not Attend (DNA) rates for 6 months pre and post-SMS introduction, from September 2023 to February 2024 and April 2024 to September 2024 respectively. All the patients offered an outpatient appointment were included in the data collection; with no exclusion. The study was approved by the Research and Innovation team of the Trust as a service evaluation.

Results: A total of 14094 appointments were taken into consideration before the introduction of SMS reminders, and a total of 14852 appointments were analysed post-SMS introduction. Before the introduction of SMS reminders, the average DNA rate across all four regions of the Trust was 22.8% (95% CI: 22.2–23.5) with a range of 19.9–24.8 in the six months. After the introduction of SMS reminders, the average DNA rate changed to 23.2% (95% CI: 22.5–23.8) with a range of 21.3–25.1 in the six months; and this change was statistically non-significant (NS). Two regions had an increase of DNA (21.1% to 21.9%, NS; and 20.7% to 24.7%, $p < 0.05$) and others had a decrease (25.2% to 23.1%, $p < 0.05$; and 24.7% to 23.6%, NS).

Conclusion: It appeared that within six months of the introduction of the SMS reminder system, there was no significant change in the DNA rates in the Trust; although there were regional variations of both increase and decrease in rates. There are multiple factors that can influence attendance at outpatient clinics such as accessibility, patient-related factors, and the effectiveness of a reminder system. It is also probable that the first six months may be early for the SMS system to establish its potential, and longer-term observational data might be needed.

Similarly, the difference in DNA rates between regions cannot be explained without more in-depth data. There was a limitation in finding out whether all the patients were sent or received the reminders. There may be a scope to decrease the number of missed appointments through SMS, but further studies are required. In addition, the effectiveness of local processes of inviting patients and sending reminders needs to be checked.

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Changes in Working Patterns in a Community Eating Disorder Service; the Impact of the COVID-19 Pandemic and Beyond

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Aims: One of the aims of this project was to look at changes in working patterns within our local Eating Disorder service over time, paying particular attention to changes in rates of accepted referrals, and rates of inpatient admissions during and after the COVID-19 pandemic. A secondary aim was to look at rates of co-morbidity in the local Eating Disorder Population and compare this to the general population of a similar age group. In order to do this, findings for the general population were extrapolated from the Youth Wellbeing Prevalence Study Northern Ireland (YWPS).

Methods: Data on accepted referrals was extracted from a locally used electronic systemic LCID which came into use in 2018 in Northern Trust CAMHS. Additional information regarding admissions and co-morbidities were obtained using another electronic system widely used in Northern Ireland, NIECR. Data included referrals accepted between October 2017 and September 2024, and excluded referrals made to the CAMHS Eating Disorder Service which were rejected. Information regarding admissions to Beechcroft, a regional psychiatric inpatient unit for young people under the age of 18, was obtained from medical administration in the Belfast Trust. Data was generated regarding admissions accepted specifically from our Eating Disorder Service.

Results: The admission rate (including admissions to adult medical wards) was 13.84% (35–50% UK wide). Of the 64 young people who were admitted to the paediatric ward 11% were male and 89% were female. The average length of admission to A2 was 21.13 days and the average age at the time of admission was 13.64 years old. The rate of Autism/Autistic traits in those Eating Disorder patients admitted to the paediatric ward was nearly 4.4 times greater than the population from the YWPS. Rates of anxiety were increased by more than 4 times. Rates of low mood/depression were increased by more than 11-fold.

Conclusion: The hospital admission rate within our service is significantly lower than the UK-wide admission rate for Eating