

Methods: A narrative review and local case series were conducted. PsycINFO and Medline were searched for articles post 1995 on contraception in people with intellectual disability post-menarche and pre menopause. The case series examined contraceptive use in 100 randomly selected menstruating people with intellectual disability. Data were collected on physical health issues. Primary care records were reviewed for contraceptive administration and risk discussions. Surveys were sent to DMPA users to assess awareness, risk understanding, and satisfaction.

Results: The review identified 27 papers which showed higher DMPA use in the intellectual disability population compared with the general population, and specific BMD risks. The case series found 23 people with intellectual disability using DMPA, and revealed knowledge gaps in risk and monitoring, inappropriate use given individual risk, and poor proactive risk management.

Conclusion: Findings indicate disproportionate DMPA use in people with intellectual disability, with inadequate clinical justification and risk awareness. Many women with intellectual disability and carers were unaware of additional BMD risks, and alternatives to DMPA were often not considered. Individualised contraceptive management and closer review of DMPA use in women with intellectual disability is needed. Monitoring could include DEXA scans, vitamin D and calcium supplementation, and weight management. Further research is needed on reasons for higher DMPA use and risks within the intellectual disability population.

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Identifying Gaps in the Understanding of Eating Disorders Amongst Medical Students Across South Wales Using a Cross Sectional Survey

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Aims: Eating disorders are complex, serious illnesses that can result in physical and psychiatric co-morbidities, medical emergencies and progressive health consequences. The aim of this service evaluation was to explore current knowledge and understanding of eating disorders amongst medical students in South Wales, and evaluate current teaching and training.

Methods: Two separate cross-sectional web surveys were designed for final year medical students at Swansea and Cardiff Universities using Microsoft Forms. Participation was voluntary, and anonymised. Surveys consisted of eight Likert-based questions and one free text question, allowing participants to share personal details should they wish to participate in future data collection. The survey was disseminated via email between 7 and 14 October 2024.

Results: A total 16 final year medical students from Swansea and 21 from Cardiff completed the surveys.

Over 80% of medical students reported low confidence (rated as 5 or below /10) in their ability to describe the seven types of eating disorder. 90% of students from Cardiff and 75% of students from Swansea reported low confidence in their knowledge of the prevalence and their ability to describe a medical risk profile. 62% from Cardiff and 44% from Swansea reported low confidence in their ability to elicit symptoms of eating disorders and make diagnoses. As

a result, only 38% of Cardiff students and 56% of Swansea students reported feeling confident (rated 6–10 /10) to assess the needs of patients with eating disorders and communicate with them effectively. Over 75% of the entire student cohort described low confidence in their ability to identify stages and types of management for eating disorders. Fewer than 10% of students from both Universities felt highly confident (8–10/10) that they would be able to describe medical emergencies in eating disorders.

The entire student cohort from Cardiff and over 80% of students from Swansea expressed dissatisfaction with the education and training provided on eating disorders.

Conclusion: There are significant gaps in medical students' understanding of eating disorders and confidence in assessing and managing eating disorders is low. Eating disorders may be stigmatised, and this may introduce additional barriers to teaching and to clinical exposure.

This service evaluation highlights the need for a review of medical school curricula to confirm the provision of eating disorder teaching.

More effective and comprehensive teaching, and clinical exposure will be indicated in order to improve confidence and competence in the assessment and management of eating disorders amongst medical students before graduating.

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A 24-Year Narrative Review of an Early Intervention for Psychosis Service in Hong Kong

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Aims: Early intervention for psychosis (EIP) programmes are specifically designed mental health initiatives aimed at the early identification and optimal management of the initial stages of psychotic disorders. The successful launch, development and consolidation of EIP programmes typically span decades and involve many factors. While quantitative meta-analytic studies have assessed the overall efficacy of EIP programmes, there remains a need for more nuanced evaluations that delve into less quantifiable processes. Such detailed accounts are crucial for facilitating the optimisation of similar programmes, especially in settings with limited resources, but they are rarely available. This study provides a comprehensive account of the development and optimisation of an early intervention programme in Hong Kong over 24 years, offering pertinent insights particularly for low- to middle-resource mental health environments.

Methods: A narrative account by the author, who has led the service for over 20 years. The author also has regional and international experiences in early psychosis service. Key processes involved in the service's development, consolidation, maintenance and refinement were described. Factors that facilitate, as well as those that constrain development, were explored. The inter-relationship between these factors over time was specified.

Results: This long-range exploration revealed a complex network of interacting factors which both facilitated and impacted the direction and fidelity of early psychosis programmes. The network is visualised with key processes as nodes, and the mutual influence between factors as links. The evolution of this network over time is described qualitatively. Key observations involve the impact of unexpected external factors, the emergence of new data, the transition of

personnel, the changing demographics, as well as relationships with other mental health programmes. The ways in which these factors interact over time are discussed.

Conclusion: While some programme processes can be anticipated at initial planning, many factors emerged over time and were unlikely to be addressed by an initial planning process. There are also some inherent tensions between EIP and a public mental health system. A distributed constraint satisfaction approach is proposed as a more suitable approach (than centralised pre-planning) to real-life optimisation of EIP programmes.

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A Descriptive Study of Operational Data for a Novel Early Psychosis Intervention Program for Youths Aged 12–18

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Aims: The Early Intervention in Psychosis (EIP) team in Singapore extended its remit to see 12–15-year-old patients presenting with diagnosed psychosis (not ARMS) in 2019. This program has been running for 4 years and a sizeable data set is now available on this group of patients. This is a novel service. Research and evaluation of this service will add to the understanding of how to configure services for this clinically challenging population.

Methods: De-identified operational data is available at the Institute of Mental Health. Data from 2019–2022 was extracted with the permission of the Data Protection Officer and de-identified through the Data Science Office. Patients aged 12–18 seen by EIP from 2019–2021 were included in the study. This will allow 1 year's data to be included and studied. Descriptive statistics looking at the demographics, orders, chargeable contact points with the hospital, admissions and payment information are described for this group.

Results: 78 patients were found from this dataset to have been included in the 12–18 EIP program. In the 3 years 2019–2021, there were gradually increasing numbers of patients seen in this program, 21, 25 and 32 respectively. There were similar numbers of patients in the 12–15 age group as compared with those accepted into the service between 16–18. There was a higher representation of ethnic minorities and females into the program.

Conclusion: This is a new service looking at confirmed cases of psychosis in the younger age group 12–15. As an estimate, this figure is similar to the number of patients accepted to Early psychosis intervention programs aged 16–18. There is an over representation of females and ethnic minorities in this clinical population. There is a distinct need for services targeting this group of patients.

The effort required for analysis of operational data is high and dependent on the quality of the operation data repository. The current state of the data sets in IMH are not conducive for studying and may limit the reliability of the data presented here. Knowledge of the dataset and its clinical implications was required to be able to process the data. Further exploration of this data is planned.

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Evaluating the Utility of the Joint Geriatric and Psychiatry Complex Parkinson's Clinic: A Service Evaluation

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Aims: Patients with Parkinson's disease commonly have comorbid mental health conditions. There is a direct interplay between Parkinsonian and antipsychotic medication which can lead to difficult management decisions. Most mental health and Parkinsonian services are separate, with little coordination or communication between services. A multidisciplinary (MDT) clinic in Leicester was started two years ago to allow an MDT approach to the care of complex Parkinson's patients. This is held by a geriatrician, an old age psychiatrist, and a Parkinson's specialist nurse. The aim of this service evaluation was to formally evaluate the utility of the clinic.

Methods: We gathered quantitative information from the medical notes of patients seen between November 2023–May 2024, and qualitative information via interviews with carers and Community mental health team (CMHT) psychiatrists. Demographic data was gathered, as well as whether the patient was under a CMHT, whether there was a psychiatric component to appointment, and have we avoided hospital admission. Carers and CMHT consultants were asked about their experience of the clinic and whether the joint service was helpful for them.

Results: Notes of 23 patients were reviewed. Most had a primary diagnosis of Parkinson's disease and were on two or more psychiatric medications (69.6%) and Parkinsonian medications (69.6%). 43.5% were already known to CMHT. Most had a clear psychiatric input to each consultation, such as medication change, cognitive assessment, or cancellation of CMHT appointment. The medical notes suggested 30.4% avoided CMHT referral and 17.4% may have avoided hospital admission. Six of the 23 patients had a reduction in carer strain.

CMHT consultants felt it was a useful addition which could lead to more timely care of patients. Both felt they were not confident in managing complex Parkinson's patients or adjusting Parkinsonian medication and would have to refer to either geriatrics, neurology or Parkinson's specialist nurses.

We interviewed three carers of patients. All were very happy with the care received, felt it was superior to the separate care they received before and felt they received more holistic and timely care. All felt it had reduced carer strain and prevented admission to hospital.

Conclusion: Carers and patients have benefited from the joint geriatrics, old age psychiatry Complex Parkinson's clinic, compared with the separate care they were receiving before. Clinicians and carers feel it has allowed for efficient and holistic treatment of patients, avoided further appointments, avoided hospital admission in some cases and reduced carer strain.

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