

Methods: The service evaluation was done retrospectively for three-month period from September to November, 2024, by collecting data from WCCIS database. Patient WCCIS identifiers were only stored in the spreadsheet used. Descriptive statistics were used to identify the most common diagnoses, outcomes, and non-attendance rates through various methods of stratifying the data. The data was compared when split between consultant clinics vs speciality doctor, Risca Health Centre Base vs Mill Road Base, and between urgent and non-urgent clinics.

Results: Mill Road and Risca OPA clinic had 172 and 76 appointments attended respectively over three months. Mill Road OPA had higher rates of non-attendance (26.18%) compared with Risca OPA (21.65%). Patients in Risca clinic are booked in for less frequent follow ups (72% with 4–6 months of follow up). A substantial percentage of patients being seen urgently are subsequently discharged from the CMHT (29%). This includes urgent patients seen in the Home Treatment Team Clinic, which often uses urgent consultant reviews to support discharge of patients. DNA rates are similar between consultant and speciality doctor clinic (23.2% and 25.85% respectively). DNA rates are approximately 1/4 across total clinics (24.84%). Despite a separate ADHD service and a supervised Physician's Associate Clinic for ADHD separately, ADHD reviews still account for a considerable amount of outpatient clinic time (32 among 248 consultations). Similarly, PTSD/CPTSD and Borderline Personality Disorder account for a large number of urgent reviews (13 among 34 patients consulted).

Conclusion: DNA rates would require further assessment. They have not been included in analyses of diagnoses; a further exploration of the data is indicated to identify factors/diagnoses associated with non-attendance. A high prevalence of patients requiring urgent review are patients with borderline personality disorder and PTSD/CPTSD indicating Trauma Informed Approaches especially in crisis are required. Demands for ADHD assessments/follow ups remain high despite the presence of a ADHD service and Physician's Associate Clinic (review of stable shared care patients). Patients remain under the CMHT even if they have no additional CMHT needs outside of Shared Care ADHD reviews, highlighting ongoing resource demand on the CMHT.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard BJPsych Open peer review process and should not be quoted as peer-reviewed by BJPsych Open in any subsequent publication.

ward for dementia and functional conditions. We assessed acceptability and feasibility by reviewing user experience and therapeutic engagement in terms of relaxation, engagement and interaction.

Methods: This evaluation was approved by Cambridge and Peterborough Foundation Trust Quality Improvement panel and assessed routinely collected data from 32 users (9 from dementia unit, 23 from functional unit) across a total of 158 sessions visiting nature scenes on a Pico 4 headset across an 11 month period in 2023. Demographic information included age, gender, mental health and other diagnoses, reason for admission, regular medication and legal status. Occupational therapy notes were assessed for subjective experience, positive and negative effects, interaction, therapy engagement, preferred scene, duration and repeat use.

Results: Average user age was higher on the dementia unit vs functional unit (77.5 vs. 74.5 years). Primary mental health diagnosis was a dementia subtype for most service users on the dementia unit (6/9) compared with a wider variety of diagnoses on the functional unit (depression or bipolar disorder 7/23 each; schizophrenia, alcohol related or delusional disorder 2/23 each; obsessive compulsive disorder, dementia, or personality disorder 1/23 each). Most service users on the dementia unit and functional unit (96% vs. 97%) reported a positive experience and therapists reported relaxation in most users (88% vs. 83%). Duration of use was shorter on the dementia unit compared with the functional unit (mean 5 minutes 36 seconds vs. 7 minutes 42 seconds) and repeat use was also lower (2.7 sessions vs. 5.4 sessions). No serious adverse effects were noted and <3% sessions resulted in any side effects.

Conclusion: This service evaluation demonstrates feasibility and acceptability of immersive virtual reality relaxation activities as part of routine occupational therapy sensory sessions on an older people's mental health ward supporting services users with a wide variety of mental health diagnoses. Relaxation and calming were reported by therapists with no serious adverse effects. Many patients chose to return to the headset on multiple occasions especially on the functional unit where they completed longer sessions compared with the dementia unit. Research is planned into potential benefits for anxiety, stress reduction, sleep and medication use.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard BJPsych Open peer review process and should not be quoted as peer-reviewed by BJPsych Open in any subsequent publication.

The Use of Immersive Virtual Reality in Sensory Sessions on an Older Peoples Mental Health Ward: Service Evaluation of Feasibility and Acceptability

Dr Ciju Benjamin^{1,2} and Dr Felix Clay¹

¹Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, United Kingdom and ²Norfolk and Suffolk NHS Foundation Trust, Norwich, United Kingdom

doi: [10.1192/bjo.2025.10471](https://doi.org/10.1192/bjo.2025.10471)

Aims: Immersive virtual reality has the potential to give people admitted on inpatient ward settings a break from these limited environments. This service evaluation reviewed the use of immersive virtual reality relaxation activities as a part of routine occupational therapy sensory sessions in an older people's inpatient mental health

Injectable Contraceptive Use in Women With Intellectual Disability – A Narrative Review and Local Case Series

Dr Marianne Bergman¹ and Dr Alaa Martin²

¹Essex Partnership Foundation Trust, Wickford, United Kingdom and ²Hertfordshire Partnership Foundation Trust, Hatfield, United Kingdom

doi: [10.1192/bjo.2025.10472](https://doi.org/10.1192/bjo.2025.10472)

Aims: Intellectual Disability is defined as an IQ below 71. People with intellectual disability frequently experience menstrual distress leading to use of hormonal medications such as depot medroxyprogesterone acetate (DMPA). Despite risks like reduced bone mineral density (BMD) and weight gain, DMPA is widely used in this group, prompting an investigation into its suitability and associated risks.