

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.

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.

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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doi: [10.1192/bjo.2025.10507](https://doi.org/10.1192/bjo.2025.10507)

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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doi: [10.1192/bjo.2025.10508](https://doi.org/10.1192/bjo.2025.10508)

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

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

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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

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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

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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