menopause. They often face compounded vulnerabilities, including intimate partner violence, substance misuse, and barriers to accessing reliable contraception. This audit aimed to assess whether the SRH needs of premenopausal female service users are considered and addressed within South Gloucestershire's Early Intervention in Psychosis (EI) service.

Methods: 50 females were receiving care from South Gloucestershire EI service in December 2024. Their electronic records were reviewed retrospectively. 13 individuals were excluded for the following reasons: 11 post-menopausal, 1 primary ovarian insufficiency, 1 transgender. The remaining 37 pre-menopausal females were included in the audit. Their mean age was 33, range 17–48 years. Their Personal Wellbeing Plans, clinical documents, physical health assessments, primary care contraception prescriptions, and clinical progress notes were searched for evidence of SRH discussions relating to contraception, sexually transmitted infection (STI) screening, and signposting to SRH community services.

Results: Documentation of discussions about contraception and STI screening were minimal, found in 0% of physical health assessments, 3% of Personal Wellbeing Plans, 11% of clinical letters, and 5% of electronic progress notes (all post high-risk events). Uptake of long-acting reversible contraceptives was low with only 8% accessing IUS, 0% IUD and 5% implants.

The women displayed notable vulnerabilities: 51% had experienced intimate partner violence, 62% had a history of sexual assault (27% in past year), 46% reported substance misuse, and there were child safeguarding concerns in 38%, with 16% having children no longer in their care. Two unplanned pregnancies had occurred in the past year. From a mental health perspective, 11% had previous perinatal or postnatal mental illness, and 5% had been admitted to specialist mother-and-baby units.

Conclusion: There is a critical gap in addressing the SRH needs of females accessing the EI psychosis service. Despite the high risks, SRH discussions and referrals to community services were infrequent. Care could be enhanced by staff training, introduction of routine screening for SRH needs on intake to the service, and at reviews, and inclusion into health checks, supported by clearer referral pathways to access community SRH services. These improvements are crucial to meeting national and local guidance and improving SRH and mental health outcomes for this vulnerable group.

Introduction of Multidisciplinary Prescribing Team Meeting in Dragon Square North Staffordshire Child and Adolescent Mental Health Services (CAMHS) as a Pilot and Analysis of Its Overall Impact, Including Waiting Times

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doi: 10.1192/bjo.2025.10431

Aims: Once referred to child and adolescent mental health services (CAMHS), children and young people often report long waiting times for assessment, diagnosis, and treatment (Young Minds, 2022). The COVID-19 pandemic also brought an unprecedented mental health crisis (UNICEF, 2021), increasing the burden on over-stretched CAMHS, thereby increasing the waiting time. Most research and quality improvement projects on 'waiting lists' focusses on how to avoid missed appointments or effectively manage booking/triage systems. This Multidisciplinary Prescribing Meeting Pilot project was initiated in an attempt to reduce the waiting times.

Objective: To assess the impact of introducing fortnightly Multi-Disciplinary Prescriber meeting in Dragon Square.

Methods: This Pilot programme ran from November 2022 to August 2023. Referrals to the Prescribing team came from weekly Child and Adolescent Mental Health Services (CAMHS) Multi-Disciplinary team meetings. These patients were discussed by prescribers comprising a Consultant psychiatrist, Core psychiatry trainee, Higher psychiatry trainee, a Staff grade doctor, Nurse Consultant and Non-medical prescribers. After discussion patients were allocated to prescribers based on the complexity of cases. Prior to this non-medical prescribers were mainly reviewing children with Attention Deficit Hyperactivity Disorder. Complex cases were brought back for discussion when prescribers needed support. There was also an opportunity to step cases up or down based on their complexity and the level of support required.

Results: Waiting times have significantly reduced during the Pilot period. The average wait time reduced from 59.33 days to 24.5 days.

The highest wait time before the Pilot was 86 days which reduced to 42 days. Similarly, the lowest wait time before pilot was 50 days which reduced to 11 days.

This meeting also provided peer supervision for the prescribers.

Analysis of the data showed a positive impact in multiple ways. The Strengths of the Pilot included a reduction in waiting times, complexity Based Patient Assignment, peer supervision and Learning and upskilling of Prescribers. The team did not identify any weaknesses except for the time commitment.

Conclusion: This project had a significant positive impact on the service overall.

This model can be successfully implemented in other teams with a strong cohort of prescribers.

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.

First Impressions Matter: Improving Resident Doctor Induction at Stobhill Mental Health Campus

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doi: 10.1192/bjo.2025.10432

Aims: The Scottish training survey 2024 and General Medical Council national training survey 2024 showed that the general psychiatry training post at the Stobhill Mental Health Campus (SMHC) scored lower in the induction domain compared with the national average. The aim of this quality improvement project was to identify areas of induction that required improvement, implement this improvement, and deliver a new upgraded induction.