

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.

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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.

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

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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

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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.

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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doi: [10.1192/bjo.2025.10473](https://doi.org/10.1192/bjo.2025.10473)

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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doi: [10.1192/bjo.2025.10474](https://doi.org/10.1192/bjo.2025.10474)

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