

the steps laid out in the NICE Weight management guideline (NG246) during annual physical health assessments.

Methods: We assessed the documentation of all physical health assessments completed by the East Birmingham Early Intervention in Psychosis Service between August and November 2024. We then excluded any patients with a BMI under 30, providing a sample of 17 patients who would fit the criteria of the NICE Weight Management guideline. We then determined if they had previously received diet and exercise advice, if they or the clinician were concerned about their BMI, and finally if the clinician had documented advice to seek weight management support from their GP.

Results: We found that of the 17 patients with a BMI over 30, in 12 cases (71%) the patient or clinician had recorded concerns about their weight. Sixteen (94%) had been given diet and exercise advice in their most recent physical health review. Of the 12 (71%) for which concern had been documented, 6 (50%) had previously received diet and exercise advice at a previous review. Of the 17 patients with a BMI over 30, none (0%) had been directed to explore Weight Management tools beyond diet and exercise advice.

Conclusion: Patients under the care of secondary psychosis services were not advised to discuss further weight management options with their GP. Highlighting a vital missed opportunity to provide care that could have long-term impacts on patients.

This leaves us with the vital question: Could we do more to advocate for this patient group, who may not have the financial or social capital to seek the management that they are entitled to?

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Combined Audit for depot/LAI (Long-Acting Injectable) Antipsychotic Medications Relapse Prevention and Side Effects for Older Adult Populations (Pan Trust Audit – Black Country Healthcare NHS Foundation Trust)

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Aims: This is an audit that combines the audit on relapse prevention and the audit on the side effects of the depot/LAI on cycle 2 with the aim of benchmarking the compliance of the clinicians' current clinical practice compared with the POMH-UK and NICE CG178.

Methods: The audit was completed with a retrospective electronic medical note review between Oct 2023 and Oct 2024, including patients who were above 65 and currently on depot/LAI. Total of 61 patients were identified, but only 59 patients were included (1 deceased and 1 duplication excluded). The audit was completed using pre-designed questionnaires based on POMH-UK (relapse prevention) and NICE CG 178 (side effect).

Results: For relapse prevention, most of the data from cycle 2 showed improvement compared with cycle 1, where the care plan included a crisis plan (89.7%); a plan to respond when defaulting from treatment (34.3%); the review of the therapeutic responses of the depot/LAI (90.7%); and involving patients in generating their own care plan (89.7%).

There were decrease in the percentage of accessibility of the care plan in the clinical record (98.3%), documentation of the relapse "signature" signs and symptoms (39.7%), and the annual review by the prescribing team (72.9%). The lack of documentation might be contributing to the low percentage for the review of relapse "signature" signs and symptoms.

Cycle 2 is a pan trust audit, which might have impacted the decrease in the percentage of the above questions, whereas the improvement in the small percentage also reflected the significant improvement of the clinical practice since cycle 1.

For the depot/LAI medications side effects assessment, there were minimal increases in the assessment of side effects over the last 12 months (76.2%). However, there was a decrease in the percentage where the side effects were identified and followed by the change of plan (90%). The one patient who did not have the changed plan was struggling with the side effects of sedation. The common side effect identified from this audit was EPSE (extrapyramidal side effect).

Conclusion: Although we are not achieving 100% on each component, there is evidence of improvement in good clinical practice as shown in the result compared with cycle 1.

There is still work that needs to be done in order to address the improvement of both completing and documenting the annual review of the care plan and side effects of the patients who are on depot/LAI antipsychotic medications.

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Assessing the Recording of Adequate Care Plans in Child and Adolescent Mental Health Services: A Clinical Audit

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Aims: Care plans can be integral to community psychiatric services to evidence personalised care through shared decision-making. Black Country Healthcare NHS Foundation Trust (BCHFT) guidelines require a documented care plan for each patient, outlining their needs, goals and preferences. Additionally, the GMC advises doctors to keep contemporaneous records for children and young people. This maintains clarity with the patient, their family, GP, and the wider multidisciplinary team.

This audit aimed to evaluate whether doctors' care plans at Sandwell CAMHS aligned with BCHFT guidelines, providing insight into their quality and completeness.

Methods: From the doctors' caseloads, 40 patients aged 18 and under were selected using a randomised generator. The data was collected retrospectively by reviewing the most recent outpatient clinic letters on electronic patient records from the past 12 months. The focus was identifying whether 5 key criteria from the local guidelines were covered in the care plans: 'My Medication and Treatment' (including psychological therapies); 'My Education/training'; 'My Physical Health'; and 'When I Need Urgent Support'.

Results: The majority of care plans included medication information (79%) when relevant, demonstrating good adherence to local guidelines. However, only few care plans included documentation