personnel, the changing demographics, as well as relationships with other mental health programmes. The ways in which these factors interact over time are discussed.
Conclusion: While some programme processes can be anticipated at initial planning, many factors emerged over time and were unlikely to be addressed by an initial planning process. There are also some inherent tensions between EIP and a public mental health system. A distributed constraint satisfaction approach is proposed as a more suitable approach (than centralised pre-planning) to real-life optimisation of EIP programmes.

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A Descriptive Study of Operational Data for a Novel Early Psychosis Intervention Program for Youths Aged 12–18

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Aims: The Early Intervention in Psychosis (EPIP) team in Singapore extended its remit to see 12–15-year-old patients presenting with diagnosed psychosis (not ARMS) in 2019. This program has been running for 4 years and a sizeable data set is now available on this group of patients. This is a novel service. Research and evaluation of this service will add to the understanding of how to configure services for this clinically challenging population.
Methods: De-identified operational data is available at the Institute of Mental Health. Data from 2019–2022 was extracted with the permission of the Data Protection Officer and de-identified through the Data Science Office. Patients aged 12–18 seen by EPIP from 2019–2021 were included in the study. This will allow 1 year's data to be included and studied. Descriptive statistics looking at the demographics, orders, chargeable contact points with the hospital, admissions and payment information are described for this group.
Results: 78 patients were found from this dataset to have been included in the 12–18 EPIP program. In the 3 years 2019–2021, there were gradually increasing numbers of patients seen in this program, 21, 25 and 32 respectively. There were similar numbers of patients in the 12–15 age group as compared with those accepted into the service between 16–18. There was a higher representation of ethnic minorities and females into the program.
Conclusion: This is a new service looking at confirmed cases of psychosis in the younger age group 12–15. As an estimate, this figure is similar to the number of patients accepted to Early psychosis intervention programs aged 16–18. There is an over representation of females and ethnic minorities in this clinical population. There is a distinct need for services targeting this group of patients.

The effort required for analysis of operational data is high and dependent on the quality of the operation data repository. The current state of the data sets in IMH are not conducive for studying and may limit the reliability of the data presented here. Knowledge of the dataset and its clinical implications was required to be able to process the data. Further exploration of this data is planned.

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Evaluating the Utility of the Joint Geriatric and Psychiatry Complex Parkinson's Clinic: A Service Evaluation

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Aims: Patients with Parkinson's disease commonly have comorbid mental health conditions. There is a direct interplay between Parkinsonian and antipsychotic medication which can lead to difficult management decisions. Most mental health and Parkinsonian services are separate, with little coordination or communication between services. A multidisciplinary (MDT) clinic in Leicester was started two years ago to allow an MDT approach to the care of complex Parkinson's patients. This is held by a geriatrician, an old age psychiatrist, and a Parkinson's specialist nurse. The aim of this service evaluation was to formally evaluate the utility of the clinic.
Methods: We gathered quantitative information from the medical notes of patients seen between November 2023–May 2024, and qualitative information via interviews with carers and Community mental health team (CMHT) psychiatrists. Demographic data was gathered, as well as whether the patient was under a CMHT, whether there was a psychiatric component to appointment, and have we avoided hospital admission. Carers and CMHT consultants were asked about their experience of the clinic and whether the joint service was helpful for them.
Results: Notes of 23 patients were reviewed. Most had a primary diagnosis of Parkinson's disease and were on two or more psychiatric medications (69.6%) and Parkinsonian medications (69.6%). 43.5% were already known to CMHT. Most had a clear psychiatric input to each consultation, such as medication change, cognitive assessment, or cancellation of CMHT appointment. The medical notes suggested 30.4% avoided CMHT referral and 17.4% may have avoided hospital admission. Six of the 23 patients had a reduction in carer strain.

CMHT consultants felt it was a useful addition which could lead to more timely care of patients. Both felt they were not confident in managing complex Parkinson's patients or adjusting Parkinsonian medication and would have to refer to either geriatrics, neurology or Parkinson's specialist nurses.

We interviewed three carers of patients. All were very happy with the care received, felt it was superior to the separate care they received before and felt they received more holistic and timely care. All felt it had reduced carer strain and prevented admission to hospital.
Conclusion: Carers and patients have benefited from the joint geriatrics, old age psychiatry Complex Parkinson's clinic, compared with the separate care they were receiving before. Clinicians and carers feel it has allowed for efficient and holistic treatment of patients, avoided further appointments, avoided hospital admission in some cases and reduced carer strain.

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