routes to detention, (dis)engagement with services, quality of care and social context.
Results: Most patients had psychotic diagnoses (schizophrenia or BPAD), with histories of multiple detentions. Patient-related themes included: disengagement from CMHT services, poor medication adherence, and substance misuse. Several patients experienced significant social adversity, including homelessness, socioeconomic deprivation, exploitation and limited support networks. Migration-related stressors, trauma and language barriers were also evident.

Regarding organisational factors, inpatient care was generally timely and of adequate or good quality, with appropriate multidisciplinary involvement. Transitions from inpatient to community care emerged as a consistent point of vulnerability. Communication difficulties between services, missed opportunities for assertive follow-up, inconsistent provision of interpreters, and delays in initiating substance misuse interventions were recurrent. In several cases, rapid relapse occurred within months of discharge, leading to repeated crisis presentations and subsequent detention.
Conclusion: Our analysis of the themes suggests that compulsory admission under the MHA disproportionately affect Black males due to cumulative interactions of clinical complexity, social deprivation and system-level gaps in care continuity, rather than care quality alone. Although our findings cannot establish generalisability or causation, they are supportive for the hypothesis that earlier, more tailored and integrated community care may reduce detention for Black men. Future work could practice on larger samples and lived-experience perspective to inform culturally responsive service models and ongoing MHA reform. The Trust's Quality Committee welcomed the report, endorsed further exploration of the key theme, and agreed the recommendations would be progressed through relevant governance committees.

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.

Does Treating Adult ADHD Reduce GP Mental Health Workload?

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Aims: To determine if treating ADHD in a busy inner city GP practice reduces the workload of GP'S and reduces frequency of missed appointments
Methods: Data was collected from a GP surgery in Belfast which prescribes ADHD medication according to Shared Care Guidelines. Patients were excluded if they had been on ADHD medication for less than 12 months (as of November 2024) or if they had received a diagnosis from childhood. 19 Patients were found to fit the criteria. Data was collected to compare the number of missed appointments pre vs post ADHD diagnosis and treatment, as well as comparing the number of consultations which patients required related to their mental health.
Results: Results from this Audit found that there was no significant difference in the number of appointments which patients missed in the 12 months before ADHD treatment and diagnosis compared to after. On the other hand, it was found that the number of GP Consultations related to Mental Health almost halved (37 to 19) in the 12 months after ADHD treatment and diagnosis compared to the 12 months before.
Conclusion: Findings indicate that the diagnosis and treatment of patients with ADHD, reduces the burden which they place on Primary Care services, not only in time spent with the GP but also contacting receptionist, practice nurse prescriptions etc, never mind the benefits for the patient and their loved ones.

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Reducing Wait Time and Enhancing Care: Outcomes of a Pharmacist Prescriber Clinic in Perinatal Psychiatry

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Aims: A prescribing model was co-developed with consultant psychiatrists and pharmacist peers to establish the pilot clinic in June 2024. The pharmacy prescriber clinic was set up with an aim to reduce appointment wait times and improve efficiency. This study evaluated the pilot pharmacist prescriber clinic within a perinatal community mental health team from June 2024 to June 2025 using continuously collected quantitative and qualitative data. Patients and relatives attending face-to-face appointments were invited to complete anonymous feedback forms. The pharmacist held weekly clinics, providing pre-conception and follow-up appointments, managing urgent patient calls, and responding to queries from general practitioners (GPs), local mental health teams (LMHTs), consultants, and perinatal community psychiatric nurses (PCPNs). Clinical supervision was provided after each clinic by a perinatal consultant psychiatrist.
Methods: A quality improvement approach was used through the evaluation of the problem (longer wait times), stakeholder engagement, and continuous measurement in the planning and design of the pilot clinic. Data was collected on all consultations and interventions. Appointment wait times were the main outcome measure. Feedback was sought from patients, relatives, and perinatal colleagues.
Results: Pre-conception wait times decreased from an average of 43.7 days (6.2 weeks) to 15.6 days (2.2 weeks). Across the study period, the pharmacist conducted 86 interventions: 20 pre-conception consultations, 10 follow-ups, 5 patient calls, 11 GP queries, 3 LMHT queries, 33 consultant/resident doctor queries, 3 PCPN queries, and 1 referral query. A total of 17 feedback forms were completed (11 patients, 5 partners, 1 supporter). Respondents unanimously agreed they were treated with dignity and respect, received the information they required, and found the pharmacist polite and approachable. Sixteen rated the consultation "very helpful", and one rated it "quite helpful." All rated the service as excellent. All respondents strongly agreed that they were provided with all the information they wanted and felt they needed. Colleague feedback highlighted that the clinic shortened wait times, improved consultant capacity to manage other complex issues, improved patient care and safety, provided comprehensive and valued information, and facilitated robust care planning. Consultants also reported that pharmacist clinic letters served as exemplars for training resident doctors and non-medical prescribers.
Conclusion: The pharmacist-prescriber clinic significantly reduced pre-conception wait times, released consultant time, and enhanced