



Implement a standardised leave feedback template for regular review during ward rounds.

Conduct training for staff on thorough documentation and utilising the template.

Ongoing discussion between the trust audit team and medical directors regarding trust-wide implementation of this initiative.

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## An Audit of the Use of a Ligature Assessment Tool in the Reporting of Ligature Incidents in a Regional Women's Medium Secure Unit

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**Aims:** Ligature incidents in inpatient psychiatric settings represent a high-risk form of self-harm behaviour. Of all deaths that occur on psychiatric wards, 75% are caused by hanging or strangulation with a ligature. Accurate assessment and documentation of ligature incidents is essential for a comprehensive understanding of these complex incidents. A Ligature Assessment Tool was developed (Panchal et al, 2022) to improve and standardise the reporting of these incidents. Use of the tool provides a detailed source of information for the multi-disciplinary team, many of whom won't have observed the incident first hand. These detailed reports can subsequently inform the care planning for individual patients.

The Ligature Assessment Tool was introduced in a regional women's medium secure unit in 2020 and three audit cycles were completed assessing its use. This, the fourth and most recent audit, was conducted to further assess use of the tool.

**Methods:** Reports from the Eclipse incident reporting system, relating to ligature incidents between January and June 2024 (n=54), were reviewed retrospectively. Each report was reviewed and data was collected as to whether each of the Ligature Assessment Tool criteria were recorded as part of the written report. Data were collected as either "recorded" or "not recorded" for each of the 15 criteria of the Ligature Assessment Tool.

**Results:** There was a total of 54 reports relating to ligature incidents during the six month audit period. This audit showed further improvement in the use of the Ligature Assessment Tool, with 37% of reports recording 11 or more criteria from the tool, compared with 19% in the previous audit. 19 (35%) of the reports recorded all 15 criteria of the Ligature Assessment Tool.

**Conclusion:** This audit, conducted two and a half years after the previous audit, showed not only that the Ligature Assessment Tool continued to be used in the reporting of ligature incidents, but that the frequency of its use had increased. This occurred despite the fact that in the intervening period there had been no specific interventions, such as education or promotion, to improve use of the tool. This demonstrates its acceptability to staff and its ease of use, suggesting that tools such as this one could be integrated as part of normal practice in any setting. Going forward, the plan is to integrate

the Ligature Assessment Tool into the incident reporting system within the Trust, meaning it will be used in all ligature incidents reports.

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## AUDIT<sup>^</sup>2 – A Clinical Audit of the Alcohol Assessment and Management in the Southern Gambling Service – First Round Results

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**Aims:** The audit aimed to evaluate assessment, intervention, and signposting for alcohol use problems in people with gambling disorder presenting to the Southern Gambling Service (SGS).

**Methods:** The study included ninety-eight patients referred to SGS between the 28 December 2023 to 2 April 2024, who completed initial assessments.

Baseline data were analysed to stratify patients' alcohol use risk based on their extended Alcohol Use Disorder Identification Test (AUDIT-C) and Estimated Weekly Alcohol Consumption (EWAC) scores, which were collected via a digital pre-assessment tool. Clinical assessment letters were also reviewed to assess documented compliance with National Institute for Health and Care Excellence (CG115) guidelines, the Department of Health and Social Care guidance and the Royal College of Physicians regarding appropriate management according to their risk brackets. Outcomes included: (1) determining if those scoring at least 5 on the extended AUDIT-C received a full AUDIT assessment; (2) if higher risk groups (scores of 5–10) received brief interventions and (3) if those with 11 or more received advice on safe alcohol reduction and signposting to alcohol services.

**Results:** Forty-four full records were examined: 26 [59%] patients scored <5 (AUDIT-C, lower risk), 14 [32%] patients scored 5–10 (higher risk) and 4 [9%] scored at least 11. In the latter category, 100% of patients received a formulation discussing their alcohol use and 75% of them an alcohol-related International Classification of Diseases 11 diagnosis as part of this formulation. While 100% completed the AUDIT-C and EWAC, none completed the full AUDIT. 7% of those in the higher risk category received documented brief interventions. Of the possibly dependent patients, 1 (25%) was signposted, based on documentation, to alcohol services and no patients received documented advice on avoiding an abrupt alcohol cessation.

**Conclusion:** The audit highlighted strengths (such as 100% of patients being screened for alcohol use problems using AUDIT-C and EWAC) but also areas for improvement (e.g. in conducting appropriate advice interventions and signposting to alcohol services,

and ensuring these steps are clinically documented). Recommendations for improvement included: (1) adding a full AUDIT screening for those scoring at least 5 in the extended AUDIT-C; (2) upskilling staff in brief intervention advice; (3) developing a regional alcohol services directory for signposting; and (4) providing psychoeducation materials on safe alcohol use. After implementation of recommendations, the audit will be repeated.

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## Women and Their Pattern of Use of Novel Psychoactive Substances

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**Aims:** This study aims to explore the patterns of psychoactive substance use among women attending the Club Drugs Clinic. It also explores associations with demographic factors and mental health comorbidities to identify additional therapeutic needs beyond current clinical treatments. The findings will help contribute to improving service provision for this population.

**Methods:** This is a quantitative study of 27 female patients who attended the Club Drugs Clinic across three boroughs between May 2021 and June 2024. Data collected includes demographic information, primary, secondary, and tertiary use of Novel Psychoactive Substances (NPS), age of onset of substance misuse, age of onset of treatment, associated mental health comorbidities, and harmful alcohol use.

**Results:** The majority of female patients attending the Club Drugs Clinic are of White British origin, with 20% identifying as Asian, Brazilian, or African Caribbean.

The average age of onset of psychoactive substance use is 25 years, while most patients begin treatment between 25–35 years old.

The most commonly used primary substances are ketamine, methamphetamine, and GHB/GBL, with fewer patients using nitrous oxide and benzodiazepines.

60% of women are polysubstance users, with methamphetamine + GHB being the most common combination (37%).

All primary methamphetamine users struggle with dependence, with 37% identifying as transgender and 71% engaging in sex work. 37% of those who are dependent on methamphetamines had history of psychosis and been treated with antipsychotics.

66% of Ketamine users present with severe anxiety (GAD-7 score >15), and 56% experience ketamine bladder symptoms, requiring referral to Urology.

44% of women at the clinic have a diagnosis of PTSD, linked to trauma such as domestic violence, sexual abuse/assault, sex trafficking, and war-related trauma. These patients received therapy from the team psychologist or are referred to trauma-focused therapy within secondary mental health services.

**Conclusion:** This study identified ketamine and methamphetamine as the most commonly used primary psychoactive substances among female patients attending the Club Drugs Clinic. Methamphetamine dependence poses a significant risk for psychosis, while ketamine dependence increases the likelihood of developing ketamine-related bladder dysfunction, highlighting the importance of screening for cystitis symptoms. Additionally, the majority of patients reported a history of trauma and used substances as a coping mechanism. These findings emphasize the need for integrated care approaches, including close collaboration with trauma services, to enhance

treatment outcomes and improve overall service provision for this vulnerable population.

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## Delays in the Autism Spectrum Disorder Diagnostic Pathway: An Audit of Wait Times for Initial Assessment and Post-Diagnosis Support in Greater Preston

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**Aims:** Timely initiation of assessment for Autism Spectrum Disorder (ASD) is crucial as delays can significantly impact development of children and family well-being. This audit aimed to assess the adherence to National Institute for Health and Care Excellence (NICE) guideline recommendations of timely initiation of ASD assessment and follow-up care in the Greater Preston Area.

**Methods:** A retrospective observational study was conducted, using electronic patient records of patients referred to the ASD diagnostic pathway and listed for further investigation in 2022 in the Greater Preston area. Data on wait times between referral and first appointment and times between diagnosis and follow-up appointment were collected and analysed. Patients eligible for this study were under 18 years of age, living in the Preston area and had been referred to the ASD diagnostic pathway and listed for further investigation in 2022. 37 school-age and 48 preschool-age children were included in this study.

**Results:** It was found that 18.9% of school-age and 16.7% of preschool-age children were seen within the 13-week window between referral and first appointment recommended by NICE guidelines. This study also showed that 18.9% of school-age children and 20.8% of preschool-age children received a follow-up appointment within the 6-week guideline.

**Conclusion:** This study found significant delays in accessing the ASD diagnostic pathway and follow-up care which indicates the Greater Preston area is not in adherence with NICE guidelines. Changes are necessary to address these gaps and ensure timely support for children affected by ASD.

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## The Monitoring of Physical Health Observations After the Administration of Rapid Tranquillisation

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**Aims:** Rapid tranquillisation is a restrictive practice used to manage acute behavioural disturbance, where medication is given in the form of an IM injection. The first-line medication used is lorazepam. There is an increased risk of the emergence of serious side effects (sedation, loss of consciousness and respiratory depression/arrest) from giving lorazepam via the IM route. MPFT SOP states that