validated through discussion and implemented by two independent researchers. The extracted data were subsequently analyzed descriptively.
Results: Thirty-three studies were included, documenting variations in findings across different geographical and temporal contexts. Most participants in these studies were healthcare professionals. Despite evidence of paternalistic tendencies, physicians generally showed a growing inclination toward a more collaborative decision-making model. Similarly, the views of other population groups leaned towards patient and family involvement, with nurses additionally supporting their own participation. Six categories of influencing factors were identified, with legal/regulatory considerations and participant demographics emerging as the most significant.
Conclusions: The overall representation of participants' perceptions highlights a broader tendency towards collaborative decision-making. This requires coordinated efforts from both clinical practitioners and policymakers to establish a decision-making framework that is inclusive, context-sensitive, and adaptable to the legal and cultural specifics of each region. To this end, emphasis should be placed on national-level interventions that address these issues directly, as opposed to broader, supranational approaches that may lack the necessary nuance.

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EPV0895

Clinical management of self-harming children and adolescents in the United Kingdom: a multicentre audit

R. S. Goh[1*], H. McAdam[2,3], F. Allman[4,5], G. Cheung[6,7], J. Alsop[8], S. Pandey[9], A. Hook[10], B. Perry[11], D. Codling[12], J. Randall[10], J. R. Harrison[13] and K. Beck[14]

[1]Public Health Policy Evaluation Unit, School of Public Health, Imperial College London, London; [2]University of Glasgow; [3]NHS Greater Glasgow and Clyde (Scotland Foundation School), Glasgow; [4]Newcastle University; [5]NCIC NHS FT, Newcastle; [6]Hull York Medical School; [7]York and Scarborough Teaching Hospitals NHS Foundation Trust, York; [8]University of Warwick, Warwickshire; [9]Luton and Dunstable NHS Foundation Trust, Luton; [10]Great Western Hospitals NHS Foundation Trust, Swindon; [11]University of Cambridge, Cambridge; [12]South London and Maudsley NHS Foundation Trust, London; [13]Translational and Clinical Research Institute, Faculty of Medical Science, Newcastle University, Campus for Ageing and Vitality, Newcastle and [14]King's College London, London, United Kingdom
*Corresponding author.
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Introduction: The risk of self-harm is highest in younger age groups, with increasing numbers of under-18s being admitted to hospital due to self-harm in recent years in the UK1,2. The National Institute for Health and Care Excellence (NICE) guidelines for self-harm in adolescents over eight was updated in September 2022 and reinforces the need for the proper initial management of adolescent self-harm3. To our knowledge, our study is the first UK national audit on the management of self-harm in adolescents presenting to the emergency department using the updated NICE guidelines.
Objectives: To assess the clinical management of children and adolescents who present to the Emergency Department (ED) following self-harm, a cross-sectional, multicentre study was conducted within teaching hospitals affiliated with nine medical schools across England, Wales and Scotland.
Methods: Data was retrospectively collected from ED records using consecutive sampling of individuals aged 8 to 17 years who presented with self-harm from 7 Sep-7 Nov 2022.
Results: Records from 328 patients were included in the final analysis. Most patients were female (82.0%) and white (68.2%), with a mean age of presentation of 14.7 (σ = 1.58). The rate of positive responses to each question is available in Table 1. A 'positive' response is defined as a 'yes' response, rather than 'no' or 'not documented'.

Table 1. Rate of compliance with audit criteria

Guideline number	Criteria	Rate of positive response (%)
1.3.1	All staff who have contact with people who self-harm should ask about safeguarding concerns.	56.4
1.2.2	Recognise the need to seek consent from the person as early as possible.	73.5
1.5.2	Do not delay the psychosocial assessment until after medical treatment is completed. *Question:* Was psychosocial assessment delayed until after medical treatment is completed?	17.8
1.5.15	Together with the person who self-harms and their family and carers, develop or review a care plan using the key areas of needs and safety considerations identified in the psychosocial assessment	68.9
1.6.6	Undertake a risk formulation as part of every psychosocial assessment.	45.5
1.9.2	If a 16-/17-year-old is admitted to a general hospital, ensure that it is to a ward that can meet the needs of young people.	26.1
1.11.12	Discuss with the person harm minimisation strategies that could help to avoid, delay or reduce further episodes of self-harm and reduce complications.	43.2

Conclusions: This is the first study, to our knowledge, that investigates the management of self-harm in under 18s across the UK using the updated NICE guidelines. Some criteria may have been adhered to but not documented. The results from this study provide support for the further improvement of clinical practice in the management of self-harming children and adolescents.

Disclosure of Interest: None Declared

EPV0896

The Impact of a Digital Guideline Version on Schizophrenia Guideline Knowledge: Results from a Multicenter Cluster-Randomized Controlled Trial

T. Halms[1*], G. Gaigl[1], C. Lorenz[2], D. Güler[1], N. Khorikian-Ghazari[1], A. Röh[1], S. Leucht[2] and A. Hasan[1,3]