into the role of olanzapine in adolescent eating disorder treatment. This provides real-world generalisable information, especially for clinicians working in specialist inpatient services.

Evaluating Ethnic Disparities in Restrictive Practices in Broadmoor High Secure Hospital

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Aims: Manual and mechanical restraint are restrictive practices that are applied as a last resort in a high secure psychiatric setting in order to manage risk to self, others and to deliver safe care. These interventions can have inherent risks to the physical and mental health of patients and staff. Previous studies have shown a discrepancy in the way patients from different ethnic backgrounds can experience restrictive practice in mental health care settings. This service evaluation aims to understand whether a patient's ethnicity has an influence on the use of manual and mechanical restraint at Broadmoor High Secure Hospital by considering restraint variables alongside demographic and risk factors.

Methods: This quantitative study involved the retrospective data collection of all manual and mechanical restraints in the hospital between April 2023 to April 2024. Manual restraints included 63 patients and 354 incidents. Mechanical restraints included 12 patients and 70 incidents.

Demographic variables included patient ethnicity, length of admission, index offence and psychiatric diagnosis. Restraint variables included frequency, duration, type, reason for restraint and target of the incident.

Results: Inferential analysis showed no statistical difference between the ethnic distribution of the manually restrained patient population and the ethnic distribution of the whole hospital patient population.

Descriptive analysis found varied distributions of restrictive practices across ethnic groups. Further inferential statistics revealed a significant difference between ethnic groups for manual restraints due to self-harm. Correlational analysis revealed a significant positive relationship between length of admission and frequency of manual restraints across a one-year period.

Conclusion: This service evaluation explored the use of restraint practices among patients of differing ethnicities within Broadmoor High Secure Hospital, enabling clinical and research recommendations to be made. This project highlighted varied distributions in relation to how different ethnic groups experience manual and mechanical restraint. Future projects should include a dataset spanning over a larger number of years to enable more robust conclusions to be drawn on whether there are ethnic disparities in restrictive practices. Future projects should also involve qualitative data from patients and staff to better understand the complexities surrounding the treatment of differing ethnicities within mental health care settings. The authors of this service evaluation have already planned to look at the use of short term seclusion and long term segregation among differing patient ethnic groups within Broadmoor High Secure Hospital, to further understand this critical issue.

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.

Evaluation of Annual Physical Health Monitoring of Inpatients at a Rehabilitation Psychiatry Unit

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Aims: Individuals with severe mental illness (SMI) are at significantly higher risk of physical health comorbidities compared with the general population. Factors such as long-term antipsychotic use, lifestyle choices, and reduced healthcare engagement contribute to this increased risk. Comprehensive annual physical health checks are recommended to identify and manage these risks. This study aimed to evaluate and improve the process of conducting annual physical health checks for patients with SMI in a Glasgow psychiatric rehabilitation unit, focusing on identifying risk factors, promoting a multidisciplinary team (MDT) approach, and ensuring timely follow-up of outstanding health concerns.

Methods: National guidelines from the National Institute for Health and Care Excellence (NICE), the National Institute for Health and Care Research (NIHR), and NHS Scotland were reviewed to establish key standards for physical health monitoring in psychiatric rehabilitation. A structured audit tool was developed covering systemic and lifestyle reviews, physical examinations, medication monitoring, external specialty input and general health screening. Annual health reports and clinical notes were retrospectively reviewed for 30 inpatients with a minimum one-year admission between November 2023 and October 2024. Based on audit findings, a new structured health check template and an improved MDT handover protocol were implemented before re-auditing their next review.

Results: Twenty-eight patients agreed to be reviewed, with 25 assessed using the old template and 15 so far with the new template. The proportion of patients receiving their health check within 12 months increased from 28% (7/25) to 73.3% (11/15). Physical examinations were documented in 96% (24/25) of previous reviews, with action-oriented comments in 40% (10/25). Following the introduction of the new template, documentation increased to 100%, with 53.3% (8/15) of cases including actionable comments. Systemic enquiry documentation improved from 92% (23/25) to 100%, with action-orientated comments rising from 36% (9/25) to 73.3% (11/15). Health screening documentation improved from 60% (15/25) to 100%, with 60% (9/15) requiring action. Diabetes risk was previously recorded in only 8% (2/25) of cases but increased to 100%, with 75% (10/15) prompting action. Previously, 60% (15/25) of outstanding health concerns were discussed within the MDT, whereas 86.6% (13/15) were formally addressed post-implementation.

Conclusion: This study highlights the effectiveness of a structured template in improving the quality and consistency of annual physical health checks in psychiatric rehabilitation. The new template

enhanced documentation, facilitated multidisciplinary discussions, and improved identification of health risks. Strengthening MDT handover processes ensures timely follow-up, reinforcing the importance of structured, standardised approaches in psychiatric physical healthcare.

Physical Health Monitoring of Patients Prescribed Depot Antipsychotic Medication and Clozapine in the North-West Edinburgh Community Mental Health Team

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Aims: Antipsychotic medications are associated with metabolic syndrome and increased cardiovascular risk. Monitoring the physical health of patients receiving these medications is a key part of delivering safe and effective care.

Since 2020, audit cycles in the North-West Edinburgh Community Mental Health Team (NWCMHT) have found this monitoring to be consistently poor.

An experienced nurse was appointed lead of a new physical health clinic and it was incorporated into timetables of junior doctors to facilitate liaison with primary care. This weekly clinic was established in NWCMHT in 2023 focusing on those prescribed depot antipsychotic medication and clozapine.

We aim to assess the impact of this service development on patient care.

Methods: Scottish Intercollegiate Guidelines Network publication 131 was used as the gold standard, which cites 9 domains to monitor annually – past medical history (PMH), family history (FH), smoking history, BMI (or weight or waist circumference), blood pressure (BP), HbA1c, lipids, prolactin and ECG.

Data was collected for these domains for patients prescribed and administered depot antipsychotic medication or clozapine in the NWCMHT for the calendar year of 2024. Data was collected from the local computerised clinical notes system (TRAK) and anonymised in line with NHS Information Governance Policy.

Results: 163 patients were prescribed depot antipsychotic medication or clozapine by the NWCMHT in 2024. 58% (n=95) of these patients were offered an appointment at the physical health clinic, with 37% attending (n=60).

Across all domains, monitoring of those who attended clinic was better than those who did not – PMH (97% vs 48%), FH (95% vs 36%), Smoking (95% vs 44%), BMI (87% vs 28%), BP (97% vs 69%), HBA1c (82% vs 55%), lipids (74% vs 49%), prolactin (51% vs 35%) and ECG (85% vs 36%).

Of all 163 patients, the average completed monitoring across all nine domains was 60% in 2024. The average across all domains before the clinic was established was 30%.

Conclusion: There has been a significant improvement in monitoring in this patient group since the clinic was established in 2023. Patients who attend this clinic are monitored more effectively.

However, there are opportunities for further improvement. This would include identifying barriers that arise in achieving 100% across all domains in attendees and assessing factors that impede attendance at the clinic.

These results support plans to expand the clinic to ensure that the physical health of this patient group is appropriately monitored to achieve safe and effective care.

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.

Evaluation of a Child and Adolescent Mental Health Service Using a Multidisciplinary Team Approach for New Assessments of ADHD

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Aims: To reduce the waiting list, senior Psychologists and Psychotherapists started undertaking ADHD assessment as well as Psychiatrists in a CAMHS Outpatient Clinic. The aim of this Service Evaluation was to see if there was any difference regarding who performed the initial assessment and the management offered.

Methods: New assessment letters were reviewed from February–November 2024.

Data was collected including demographics, type of clinician, diagnosis and management.

Categorical data was assessed for statistical significance using Chi-square tests and numerical data using ANOVA.

The data was presented to the MDT to think about clinical significance.

Results: 103 patients were assessed with an average age of 11.7. Fifty-four were seen by a Psychiatrist, 39 were seen by a Psychotherapist and 10 were seen by a Psychologist. 25 of these patients required a follow-up with a Psychiatrist.

28 of the patients had a previous diagnosis of ADHD and therefore were required to be seen by a Psychiatrist. Of these patients, 26 retained their diagnosis at the point of initial assessment.

Of the children that had not been previously diagnosed with ADHD, 72% were given a new diagnosis of ADHD at initial assessment. After accounting for previously diagnosed patients, there was no statistical significance in number diagnosed by the different types of clinicians. There was no statistically significant difference between the management options offered and the type of clinician assessing.

Conclusion: Since this change, the service was able to nearly double the number of young people seen. This is a vital step as the number of referrals for the service has also increased over this time.

It was felt that there was a consistent approach across the service as there was found to be no statistically significant difference in either diagnosis given or management options offered by clinician types, after accounting for prior diagnosis. This allows some confidence that patients get the same, unbiased approach, regardless of clinician type.

Psychiatrists had a follow-up appointment with about half of the patients assessed by other clinicians. The follow-up takes less clinical time compared with the new assessment, however, this must be considered in the planning of a service.