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

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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.

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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