- Median referral-to-arrival time reduced from 15 to 6 hours (60% reduction) despite increased referrals.
- 100% (9/9) staff reported improved communication and reduced administrative burden.

**Conclusion:** The MHCAS Digital Handover Tool demonstrates that meaningful digital transformation in acute mental health services can be safely achieved using existing NHS infrastructure and governance frameworks. The intervention delivered measurable efficiency gains, improved operational oversight, enhanced clinical safety, and improved staff experience. Live operational data supports continuous quality improvement, while early stakeholder engagement facilitated rapid adoption. The approach is scalable and replicable, with discussions underway regarding application across inpatient, crisis, and liaison services. Beyond providing a more efficient and modern alternative to the current handover tool, the project highlights the largely untapped potential of automation already available and applicable to NHS systems.

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## Mental Health First Aid Training Amongst UK Medical Students: A Mixed-Methods Study

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**Aims:** Medical students experience higher rates of mental health problems compared with the wider student population. Stigma and fitness-to-practise concerns can deter help-seeking, with students often turning to peers. Mental Health First Aid (MHFA) is a psychoeducational programme developed for the general public, designed to support recognition of mental health difficulties and responses to people in distress. We present an innovative, co-constructed mixed-methods study exploring medical students' experiences of MHFA training,delivered as a student-selected component within a medical school curriculum. We aimed to explore the motivators, enablers and barriers to student engagement, and students' perceptions of the value and relevance of MHFA in relation to mental health knowledge, self-care, help-seeking and supporting others. The study also sought to inform the development of a bespoke course tailored to the needs of medical students.

**Methods:** MHFA was delivered in four half-day face-to-face sessions to Year 1 and 2 medical students at Kent and Medway Medical School. Data were collected via post-session questionnaires, in addition to post-course student-led focus groups and optional semi-structured individual interviews. Questionnaire data were analysed using descriptive statistics, and qualitative data were analysed thematically.

**Results:** Twenty-five students participated; 21 attended all four sessions (range was 21–25 students). In post-session questionnaires, students rated MHFA content positively in relation to self-care and supporting others, and noted areas of overlap with the medical curriculum, including psychosis, suicide and communication skills. Analysis of qualitative data from four focus groups (n=22) and nine individual interviews identified common themes. Students described generally positive experiences of MHFA training and valued having an adaptable framework for guiding conversations about mental health in professional and personal contexts. An additional theme related to suggestions for adapting the course to better suit the needs of medical students. These included a faster-paced format, case scenarios that more closely reflected medical student experiences, greater integration of skills practice, and increased focus on issues specific to medical students, such as disclosure of mental illness and fitness to practise, exam-related anxiety, and inclusion of doctors' lived experience of mental illness.

**Conclusion:** MHFA training was generally experienced positively by medical students and perceived as relevant to self-care and supporting others. Students also identified limitations in how well the course aligned with the specific contexts and pressures of medical training. Together, these findings support the development of a bespoke mental health support course for medical students, building on MHFA approaches while addressing discipline-specific needs.

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## AUDIT^2 – Identification and Management of Alcohol Use Problems in the Southern Gambling Service: A Full Audit Cycle

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**Aims:** The re-audit aimed to assess compliance with previously implemented recommendations regarding alcohol assessment, intervention, documentation, and signposting for people with gambling disorder presenting to the Southern Gambling Service (SGS), and to evaluate improvements in practice since the initial audit.

**Methods:** The re-audit included all referrals received by the Southern Gambling Service (SGS) between 1 March 2025 and 30 September 2025 who completed an initial assessment.

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), collected via a digital pre-assessment tool, with escalation to a full AUDIT where indicated. Clinical assessment letters and formulations were reviewed to assess documented compliance with National Institute for Health and Care Excellence (CG115) guidance, Department of Health and Social Care guidance, and Royal College of Physicians regarding appropriate management according to their risk brackets. Outcomes included: completion of full AUDIT for those meeting criteria; delivery and documentation of brief interventions for hazardous or harmful drinking; provision of advice on avoiding abrupt reduction for those scoring ≥20; delivery and documentation of formulations on alcohol use and signposting to specialist alcohol services where appropriate.

**Results:** A total of 301 referrals were received during the audit period, of which 124 referrals (41.2%) were accepted and assessed. AUDIT-C and EWAC were completed for 100% of assessed patients. Fifty-five patients (44.4%) met criteria for escalation and completed a full AUDIT. Of these, 27 patients (49.1%) scored 8 or above, indicating hazardous or harmful drinking, and 10 patients (18.2%) scored 20 or above, suggesting possible alcohol dependence. Among patients scoring ≥8, 18 (66.7%) received a documented brief intervention and 20 (74%) had an alcohol-related formulation