information. This has led to a more efficient patient flow, as clinicians can now focus on delivering care rather than spending valuable time trying to track down contact information. Furthermore, the app has contributed to a more standardized approach to inter-trust communication, ensuring that all healthcare professionals have access to the same resources, regardless of their location or specialty.

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## Clinical Management of Self-Harming Children and Adolescents in the United Kingdom: A Student-Led Multicentre Audit

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**Aims:** Self-harm is increasingly prevalent among adolescents in the UK, with rising hospital admissions for those under 18. The updated National Institute for Health and Care Excellence (NICE) guidelines (NG225) for managing adolescent self-harm, published in September 2022, emphasised the need for timely, structured care, including risk assessments, psychosocial support, and family involvement. This study aimed to assess the clinical management of children and adolescents presenting to Emergency Departments (ED) for self-harm, evaluating compliance with the updated NICE guidelines across nine teaching hospitals in Scotland, England, and Wales.

**Methods:** This retrospective, multicentre study reviewed ED records of individuals aged 8–17 years who presented with self-harm between 7 September and 7 November 2022. Consecutive sampling was used, with data collected by medical student regional leads, who were recruited and trained through a national steering group. The leads followed a structured protocol to ensure consistency in reviewing records, focusing on risk assessments, psychosocial evaluations, consent for family involvement, and age-appropriate ward admissions. Data was centralised for analysis, where compliance with each audit criterion was assessed, and statistical analysis was conducted to identify trends and areas for improvement.

**Results:** A total of 328 patient records were analysed. The majority of patients were female (82.0%) and white (68.2%), with a mean age of 14.7 years ($\sigma$ = 1.58). Compliance with NICE guidelines varied significantly across audit criteria. The highest compliance was for family involvement, with 73.5% of records documenting consent. However, social media interactions, a key component of risk assessment, were documented in only 21.5% of cases. Delayed psychosocial assessment was noted in 17.8% of records. Only 26.1% of 16–17-year-olds requiring inpatient care were admitted to age-appropriate wards, suggesting gaps in the provision of suitable care.

**Conclusion:** This audit demonstrates variability in adherence to the updated NICE guidelines across nine hospital sites. Family/carer involvement showed the highest compliance, but there were significant gaps in the use of risk assessment tools and timely psychosocial evaluations. The findings highlight the need for improvements in these areas and the importance of further training for clinical teams. The study also illustrates the value of student-led research in engaging future healthcare professionals in academic psychiatry and national data collection.

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## Optimizing Care for Ketamine Use Disorder: An Interdisciplinary Treatment Model

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**Aims:** Ketamine use among young adults in England has increased significantly, with prevalence more than doubling in the past five years. Ketamine use disorder (KUD) is a disorder of regulation arising from repeated or continuous use of ketamine for at least three months. The systemic effects can include urinary, sexual, hepatic and cardiovascular dysfunction, memory impairment and mental illness. Although people who use ketamine constitute a smaller proportion of patients in addictions services compared with opioid or alcohol users, the complexity and morbidity of KUD dictates the need for interdisciplinary collaboration. In 2024, a collaborative effort between a local addiction and urology service was initiated to address KUD and ketamine uropathy (KU).

**Methods:** Both services presented at the local Addictions Continuing Professional Development Day to share knowledge and develop staff understanding on KUD and KU. Meetings were held to evaluate local prevalence of KUD and KU, address barriers to treatment and develop easier referral pathways into both services. Best practice guidance on KU was reviewed and a new interdisciplinary treatment model implemented. Re-strategisation required clinician time and adjustments to clinic schedules.

**Results:** In 2024, nine patients from Urology and 23 patients from the addiction service with ketamine use were seen. Key improvements included the establishment of a direct two-week referral pathway to Urology, development of referral and assessment proformas and initiation of monthly interdisciplinary team meetings. These changes aimed to reduce delays in initiation of treatment and improve co-ordination between services. However, the major challenge faced was a high attrition rate in the clinics.

Areas identified as requiring further attention included management of weight loss and constipation, medication for symptomatic relief of ketamine withdrawal and cravings, safe analgesic alternatives, treatment of co-occurring mental illness and trauma, safeguarding and risk considerations and psychological therapeutic

options. The embarrassment of urinary incontinence was identified as a barrier to appointment attendance.
**Conclusion:** An interdisciplinary management approach is recommended to optimize patient care. Systemic complications of KUD and co-occurring mental illness should be treated simultaneously. Intensifying the support from Addiction Recovery Coordinators may improve attendance at appointments.

Recommendations include more health worker education and staffing, early pain team involvement and provision of harm reduction advice. Peer-informed, ketamine-focused psychosocial programmes and national psychiatry guidelines for KUD are required.

Our collaborative model demonstrates a significant step towards improving management of KU and KUD, however its impact on clinical outcomes will need further evaluation.

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## Trusted Assessments: Avoiding Duplication of Work, Improving Efficiency and Trusting Colleagues

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**Aims:** Psychiatric patients attending acute hospitals settings in North East London are reviewed by the Psychiatric Liaison Service (PLS). Those who PLS deem to require Older Adults Home Treatment Team (OAHTT) input on discharge are re-assessed face to face by a member of the OAHTT prior to discharge from the acute hospital. This is time consuming as it requires OAHTT staff to travel to the acute hospital and re-assess the patient. This can delay discharge and the outcome of the assessment is rarely different to the decision PLS staff would have made.

The aim of our quality improvement project is to streamline the process of referrals to OAHTT and prevent duplication of work. Referrals made to the OAHTT from PLS at Queen's Hospital, Romford (QH) and King George Hospital, Ilford (KGH) would be discussed on the phone and accepted for OAHTT follow up or admission without the need to conduct a separate assessment.
**Methods:** Baseline data were collected for all patients referred to the OA HTT in January 2023–Dec 2023 from QH PLS and in July 2023–June 2024 from KGH PLS. The percentage of patients who had face to face assessments by OAHTT were recorded. The trusted assessments intervention was launched in QH in January 2024, and in KGH in July 2024. Following intervention, the percentage of patients who had face to face assessments by the OAHTT were recorded.
**Results:** Prior to intervention, 95% of all referrals made from QH PLS to OA HTT were assessed face to face. This reduced to 25% post-intervention (data from January 2024–November 2024). Therefore, a 75% reduction in face to face assessments was achieved.

In KGH, prior to intervention, 84% of referrals were assessed face to face. Preliminary data (July 2024–November 2024) show that post intervention in KGH, 50% of referrals were assessed face to face. This is a reduction of 40%.

**Conclusion:** The trusted assessment model resulted in a large reduction in face to face assessments conducted by the OAHTT following referral by the PLS teams. This model appears to have achieved its aims of streamlining referrals, preventing duplication of work and improving efficiency. The next step would be to extend this model to adult HTT services and evaluate if the same benefits can be achieved.

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## Registration for Clozaril Website (eCPMS) Access for Healthcare Professionals on Chebsey Ward, St George's Hospital – A Quality Improvement Project

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**Aims:** Clozapine is a critical treatment for patients with treatment-resistant schizophrenia, requiring close monitoring through the Clozaril Patient Monitoring Service (CPMS). Access to the electronic CPMS (eCPMS) is vital for healthcare professionals on Chebsey Ward at St George's Hospital to ensure safe prescribing, dispensing, and monitoring of clozapine. Delays in obtaining eCPMS access can disrupt patient care and treatment continuity. This Quality Improvement Project (QIP) aimed to streamline the registration process and reduce the time taken for healthcare professionals on the ward to gain access to the platform.

The primary aim of this QIP was to reduce the time required for healthcare professionals, including nurses and doctors on Chebsey Ward, to obtain access to the eCPMS website. The project sought to identify barriers to timely registration and implement strategies to expedite the process, improving workflow efficiency and patient safety.
**Methods:** The project was carried out on Chebsey Ward at St George's Hospital over a four-month period. Initial testing was conducted to assess the average time taken for healthcare professionals to gain eCPMS access. Root cause analysis identified key delays, including administrative bottlenecks, lack of awareness about the registration process, and incomplete applications. Interventions included the creation of a simplified registration guide specific to the ward and closer collaboration with the CPMS registration team to expedite approvals. A post-intervention cycle was conducted to assess the effectiveness of these measures.
**Results:** The baseline audit revealed that healthcare professionals on Chebsey Ward took an average of seven days to obtain eCPMS access. After implementing the targeted interventions, the post-intervention cycle showed a reduction in registration time to an average of three days, representing a 57% improvement. Staff satisfaction with the registration process increased, and feedback highlighted greater clarity and efficiency in obtaining access.
**Conclusion:** The QIP successfully reduced the time taken for healthcare professionals on Chebsey Ward to gain eCPMS access, improving workflow efficiency and ensuring uninterrupted patient monitoring. The structured approach of process simplification and enhanced collaboration with the CPMS team contributed significantly to the improvements. Future steps include sharing the