of their rotation. Following this, we reaudited with same standards from October 2025 to January 2026.

Results: In the initial audit, 12.5% were prescribed regular benzodiazepines and 15% PRN on discharge. Of these 80% patients were documented to be on long-term treatment and 40% had documented indication and reducing regimen.

In the repeat audit, 9% were prescribed regular benzodiazepines on discharge and 0% PRN on discharge. Of this 100% of patients had this supported by a consultant and had indication, duration of treatment and reducing regimen documented.

Conclusion: The reaudit showed a reduced frequency of prescribing of benzodiazepines on discharge, and all had a reducing regimen documented, demonstrating significant improvement. Due to difficulty in arranging teaching for the whole cohort of residents, the teaching and repeat audit focused only on the male ward at the Department of Psychiatry. The wards may have different prescribing patterns which limits the generalisability of the results. Future plans involve arranging a teaching session at the induction of new residents, and re-audit to see if the improved compliance is maintained.

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Overrepresented and Underserved? Autism in Crisis Team Referrals

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doi: 10.1192/bjo.2026.11419

Aims: Autistic adults are at increased risk of mental health crises, yet their representation within crisis services and staff preparedness remain under-researched. This study aimed to determine the prevalence of diagnosed and suspected autism spectrum disorder (ASD) among referrals to a Crisis Resolution and Home Treatment Team (CRHTT), describe associated crisis presentations, and assess staff training experiences and knowledge.

Methods: A retrospective observational service evaluation was conducted within a crisis team in Sheffield, UK. A random sample of 400 adult referrals was selected from 2397 referrals. Demographic data, ASD diagnostic status, and presenting complaints were extracted from electronic records. Staff knowledge and training were assessed using an adapted National Autism Implementation Team questionnaire. Quantitative data were analysed descriptively and compared with population prevalence estimates; qualitative free-text responses were analysed thematically.

Results: Among the 400 referrals, 10.5% had a formal ASD diagnosis and 11.3% were suspected cases, yielding a combined prevalence of 21.8%, over nine times higher than general population estimates. Common crisis presentations included suicidal thoughts or behaviours (41%), acute psychotic episodes (24%), and worsening psychiatric comorbidities (18%). One-third of suspected ASD cases had not been referred for diagnostic assessment. Forty percent of staff reported no ASD-specific training, and only 10% rated their knowledge as full. Qualitative findings highlighted insufficient, overly generic training and low confidence in managing autistic adults in crisis.

Conclusion: Autistic adults are substantially overrepresented in mental health crisis services, yet diagnostic delays and limited staff training persist. Improving autism-specific training, strengthening diagnostic referral pathways, and adopting more proactive models of care are essential to enhance crisis support and reduce repeated emergency presentations among autistic adults.

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Using Co-Production to Optimise Support to Address Behaviours of Concern in the STOMP Program

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doi: 10.1192/bjo.2026.11420

Aims: People with intellectual disability are frequently prescribed psychotropic medications for challenging behaviour, despite guidance advocating for holistic and non-pharmacological Multidisciplinary Team (MDT) support to understand and address the underlying causes of challenging behaviours. Approximately 17% of adults with intellectual disabilities receive antipsychotics for symptomatic management in the absence of mental illness, a rate 16 times higher than the general population. STOMP (Stopping The Over Medication of People with Intellectual Disabilities and/or Autism) is a national project to reduce inappropriate prescribing. Decreasing psychotropic medications without appropriate alternatives risks destabilisation, and so we wanted to ensure our STOMP pathway provided holistic support tomeet the needs and wishes of service users, their carers and care providers. We used a co-production methodology to achieve this.

Methods: Service users eligible for STOMP review were identified. Semi-structured interviews were conducted with family carers (n=8) and care-provider representatives (n=4). Interview guides were based on STOMP principles and refined by the MDT. Interviews were analysed using content and thematic coding. Findings were reported back to participants and cross-verified using a large language model for research triangulation, and then translated into pathway components during MDT design meetings.

Results: Interviews highlighted shared priorities for reducing challenging behaviour and improving quality of life. Both groups stressed the need for coordinated input from the Integrated Learning Disability Service and primary care, predictable routines, meaningful tasks with supported independence, clear plans for care changes, an allocated worker, and communication support. Participants felt medication provided stability but did not address underlying triggers. They requested more thorough medication reviews with clearer explanations of rationale and side effects. Significant concern was expressed about destabilisation if medication was reduced without reliable alternatives and clear crisis plans. Service improvement priorities included respite provision, timely social care responses, better access to physical healthcare, and tailored staff training.

Conclusion: Co-production identified significant anxieties about medication reduction, but emphasised that it is feasible when reliable alternatives are in place, such as coordinated MDT input, communication support, and clear crisis plans. The analysis showed that good social care support forms a large and essential element of this, including community access,day opportunities and respite provision. Integrated Learning Disability Services (with health and social care working together in the same organisation) can make such a service user focused approach much easier to deliver, which should