health board indicated that risk policy was not being adhered to, prompting a review of the policy. Furthermore, policy recommends service user and carer collaboration with staff in all areas of mental health in Scotland but despite these recommendations there is little evidence to suggest they are routinely involved in risk assessment and management processes.

The present study is an opportunity to explore how teams think about and discuss risk management.

Methods. We looked at data on patient incidents that occurred over 30 months from 1/1/19 to 30/09/21. The Datix data were subdivided into five main categories: Violence & Aggression, Challenging behaviour, self-harm, absconding/missing and Suicide.

Results. Throughout the study period the category of Violence & Aggression was the most frequently reported Datix category for 28 out of 30 months, followed by Challenging Behaviour which was the second most frequent category for 22 out of 30 months and in the last year reports in this category have increased by 39.35%. The third most frequently reported category was self-harm and the fourth most reported category was Abscondment/Missing. The frequency of reports in this category increased over the study period.

The rate of suicide was consistently the lowest reported category and remained stable throughout the study period. With the exception of Violence and Aggression, all categories showed a general upwards trend in Datix report numbers.

Conclusion. We have seen an increase in significant incidents in all categories reported using the DATIX system with the exception of suicide and violence and aggression during the study period. This suggests that further work is required to ascertain the reasons for this and what impact, if any, the change in CRAFT risk assessment tool has had.

IRAMP: Investigation of Risk Assessment and Management Processes Using Staff Focus Groups

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Aims. To investigate risk assessment and management processes across a health board in the context of the implementation of a new risk screening tool and policy through use of staff focus groups to identify how teams make decisions related to risk and gain an understanding of how the new CRAFT tool is used.

In mental health services, risk assessment and management are key responsibilities for clinical staff. A risk management tool that is structured and evidence-based aims to assist staff in managing risks including violence, self-harm, suicide and self-neglect.

It is not clear whether risk tools have clinical utility in influencing risk-related decision making and previous reviews within the health board indicated that risk policy was not being adhered to, prompting a review of the policy. Furthermore, policy recommends service user and carer collaboration with staff in all areas of mental health in Scotland but despite these recommendations there is little evidence to suggest they are routinely involved in risk assessment and management processes.

The present study is an opportunity to explore how teams think about and discuss risk management.

Methods. A qualitative analysis was carried out of data from two staff focus groups. These groups were identified by contacting interested teams by email. Groups comprised clinical staff from different disciplines within the MDT including medical and nursing staff. Staff were questioned about their understanding of risk, thoughts regarding risk assessment and their experience of being trained in and using the CRAFT tool.

Results. Themes emerging from the data indicate that staff felt the CRAFT had limited clinical utility or impact on their assessment of risk but may prove useful for communicating decisions about risk between staff and services. However, concerns were raised that the format of the tool made it difficult to complete and read, meaning that important information may not be adequately communicated. Staff reported feeling inadequately trained in the use of the CRAFT tool and felt there were inconsistencies in its use across the health board.

Conclusion. Staff focus groups have identified challenges with the completion of the current CRAFT tool and expressed a need for better training in order to improve consistency of use across the health board. An update to the tool is due to be rolled out across the board in an effort to address these issues and improve risk assessment completion on the whole.

The Experiences of Autistic Adults Who Were Previously Identified as Having BPD/EUPD: A Phenomenological Study

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Aims. This study aims to explore the experiences of autistic adults who were previously diagnosed with Borderline Personality Disorder (BPD).

Methods. This interpretive phenomenological study aims to explore the experiences of autistic adults who were previously diagnosed with BPD. Data were collected using sixty-minute, one-to-one, virtual, semi-structured interviews. The audio-recordings of the interviews were transcribed and analysed using an interpretive phenomenological analysis.

Results. Participants had autistic features since childhood which went unnoticed. Camouflaging, gender and lack of awareness of the spectrum nature of autism had contributed to missing autism in childhood. The commonality of trauma, suicidality and self-harm, in the context of wider systemic issues, resulted in participants receiving a diagnosis of BPD. It was revealed that the diagnosis of BPD was readily given and inappropriately disclosed. This diagnosis was emotionally damaging for participants and highly stigmatising. Treatment for BPD was inadequate, ineffective, and distressing. There were several negative impacts of the BPD label, including diagnostic overshadowing. Participants felt that misdiagnosis is preventable with various measures. Autism diagnoses were difficult to obtain in adulthood, but receipt of one was beneficial for participants in various ways. However, participants felt there was a need for more autism awareness and autism-friendly services.

Conclusion. The BPD label in autistic people can be harmful to their physical, mental and social health. In contrast, an autism diagnosis in adulthood can be beneficial despite the multiple

barriers in receiving such diagnosis. Misdiagnosis is preventable by training clinicians, screening risk groups and developing dedicated autism services.

Real World Effectiveness of rTMS in Depression and Anxiety

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Aims. Repetitive Transcranial Magnetic Stimulation (rTMS) is a non-invasive brain stimulation recommended by NICE for treatment of depression with minimal side-effects and a high patient acceptability. Our aim was to assess the effectiveness of rTMS in real world clinical service in alleviating symptoms of depression and anxiety.
Methods. All patients receiving rTMS in our Centre for Neuromodulation Services (CNS) received 5 daily treatment sessions a week for a period of 5 weeks (25 sessions in total). All patients routinely completed PHQ-9, BDI-II and GAD-7 measures before and after the course of treatment. The scores on these measures were retrospectively analysed using paired-sample t-test.
Results. All 15 patients completed the PHQ-9 and GAD-7 scales while 10 patients completed BDI-II. Eleven patients (73%) had improved PHQ-9 scores post-treatment with average improvement of 5.5 points which was statistically significant [paired-sample t-test: $t(14) = 3.019$, $p = 0.009$]. Nine patients (90%) had improved BDI-II scores post-treatment with average reduction of 36% from baseline which was statistically significant [$t(9) = 3.681$, $p = 0.005$]. Eleven patients (73%) had improved GAD-7 scores post-treatment, with average reduction of 4 points. This reduction was also statistically significant [$t(14) = 3.038$, $p = 0.009$]. Improvement in all measures was also of a level that would be considered clinically significant for these measures. All patients tolerated the treatment well with no patients dropping out due to side effects.
Conclusion. With the limitation of relatively small sample size, our initial analysis indicates that rTMS treatment offered in real world clinical service is effective in treating symptoms of depression. Although our protocol was not intended to treat anxiety, our patients had remarkable improvement in anxiety symptoms as well.

Assault Profile and Psychiatric Morbidity in Children With Sexual Abuse: A Community Based Cross-Sectional Study From an Urban Law-Enforcement Centre in India

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Aims. The extent and nature of child sexual abuse (CSA) and its consequences with respect to psychiatric morbidity is still poorly described in children. This was a community based cross sectional study to describe the social demographic profile and identify psychiatric morbidity in children with CSA and to further examine the association between the sexual assault profile and the psychiatric illness present.
Methods. This study includes 100 children aged between 6–17 years ascertained as sexually abused at the time. The setting was BHAROSA centre, which is a society for protection of women and at-risk children with funding from the Department of Women and Child Development Telangana state, India. Simple random sampling was used to choose the participants and a pre-tested semi structured questionnaire was used to assess the sexual assault profile. The Developmental Psychopathology Checklist (DPCL) which is the Indian adaptation of Child behaviour checklist was used to understand the associated psychopathology. The prevalence of psychiatric morbidity was discerned by the Diagnostic Statistical Manual Text Revision (DSM V-TR).
Results. The average age for the first CSA encounter was 10.87 years. Most often the perpetrator was found to be an acquaintance (66%) of the child's family. 'Vaginal/anal penetration' (55%) was the most common form of abuse. In half of the cases there was a significant delay of two days-two weeks between the last episode of abuse and its discovery. 12% attributed themselves fully responsible for the abuse. 23% reported unsupportive reactions from the caregivers such as being dismissed or being blamed themselves for the abuse. More than half (53%) had at least one psychiatric disorder with post-traumatic stress disorder (PTSD) being the most common (28%) followed by conduct disorder (21%) and depression (17%). 28% had quasi psychotic symptoms and 25% non-specific somatic symptoms. 12% reported suicidal thoughts/ideation. 5 children tested positive for HIV and 2 were pregnant. Children who experienced 'Vaginal/Anal penetration' and those who pretended the act did not take place were found to have statistically significant rates of depression, PTSD and suicidality.
Conclusion. All children and adolescents who have been sexually abused must be evaluated for psychiatric morbidity regardless of their social demographic and abuse profiles. Additionally, all parents and caregivers should be sensitised on the fact that the majority of the perpetrators are acquaintances to the subjects. Coping strategies of the children especially self-blame and poor social support exert direct negative effects on victims' adjustment.

A Pilot Study to Assess Suicidal Risk in Women Reporting Domestic Violence to a Law Enforcement Agency in South India

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