sub-groups to target with interventions, and propose topics for further research.

Method. A literature search was performed with Ovid on three databases, using wildcards and synonyms to increase the number of hits. This search produced 379 results, of which 41 remained after inclusion/exclusion criteria were applied. Additional sources were utilised as the review was written.

Result. Strong family relationships are protective against illicit substance use for under-25s, with conflicting results for licit substance use. Healthy peer relationships protect against substance use, particularly in the academically-stressful university environment. All Jamaican under-25s appear to be susceptible to peer pressure, which increases the likelihood of substance use. Spirituality is protective against substance use, although male Rastafarians are more likely to use cannabis. Certain forms of childhood maltreatment make use of particular substances more likely. University students and under-18s brought up in single-parent families are key sub-groups to target with interventions. Further research on mechanisms by which these determinants work, particular religions and which determinant has the greatest effect is recommended.

Conclusion. Various factors can protect against or predispose substance use in Jamaican under-25s. This review, and future research, can help inform policy decisions and intervention design for the key sub-groups found.

Long admission waiting list at the Orchard clinic-why?

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Aims. The Orchard clinic is one of the three medium secure units in Scotland. This project was completed:

To gain an understanding of the causes of the Orchard clinic's long admission waiting list.
To use this information to improve current clinical pathways, service development and further research and development.

Method. To study the longitudinal traffic flow through the clinic from January 2017 to December 2019, data were collected for this time retrospectively from electronic minutes of fortnightly bed management meetings at the Orchard clinic.

This was cross checked with the Orchard clinic's record of admissions and discharges during this time and approved by the Forensic Research and Audit Group, NHS Lothian.

Result. November 2018 onwards, a surge of 90% was observed in the admission waiting list.

Looking at the trends of traffic flow through the clinic during this time, the following observations were made:

1. More admissions than discharges, especially November 2018 onwards.
2. New referrals for medium secure care at the Orchard clinic peaked twice during this time.
3. Delayed discharges peaked in July 2018 and further in January 2019 running parallel to the surge in admission waiting list thereafter.
4. 42% patients on the delayed discharge list belonged to other health boards awaiting local low secure/community placements.

Conclusion. Delayed discharges were identified as a constant parallel to the long waiting list and hence identified as the main factor contributing to it. Out of area (non-NHS Lothian) admissions were noted to be linked to these delayed discharges.

Regular peaks in new referrals was also noted to be contributory.

A randomised controlled trial to investigate the effectiveness of sustained photoprotective behaviour in xeroderma pigmentosum after intervention

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Aims. This study aimed to investigate whether an intervention designed to improve photoprotective behaviours is effective at changing behaviour and whether any change could be maintained.

Background. Xeroderma Pigmentosum (XP) is a rare condition in which patients are at risk of malignancies when exposed to ultra-violet radiation (UVR). Sufferers must take extra precautions to protect themselves from UVR. They must apply sunscreen to exposed skin, wear thick clothing, gloves, and a UVR-protective visor. Treatments include preventative photoprotective measures; the use of sunscreen and protective clothing. Additionally, frequent eye and skin examinations are required and swift removal of any premalignant lesions.

Method. In this randomised controlled trial, 16 participants with XP were given questionnaires at 4 time points; baseline, post-intervention, 5 months and 9 months post-intervention. The intervention involved 7 one-on-one counselling sessions, as well as telephone consultations. Counselling sessions encouraged photoprotection adherence, self-efficacy and discussions of any barriers to improving photoprotective behaviour. This study focused on psychosocial variables, attitudes and photoprotection. Questionnaires included the photoprotection self-efficacy questionnaire, Self-Reported Behavioural Automaticity Index, Short Warwick-Edinburgh Mental Wellbeing Scale, Quality of Life and Brief Photoprotection Adherence Questionnaire.

Result. The intervention was shown to have no significant effect on participants' questionnaires scores. Univariate ANCOVA revealed a group effect between follow-up 1 (FU1) and follow-up 2 (FU2); $\eta2 = 0.422$ for self-efficacy in wearing photoprotective clothing. A group effect was identified from BL to FU1 and FU1 to FU2; $\eta2 = 0.343$ and $\eta2 = 0.378$ respectively in how often participants reapplied sunscreen to their face when outside for longer periods. Univariate ANCOVA revealed no group or time effect for the other outcome variables; for example, sunscreen self-efficacy.

Conclusion. The intervention had no significant effect on photoprotective behaviour questionnaire scores. Future research could focus on recruiting more participants globally to generate more statistically powered results. Research should focus on producing a maintainable intervention so that any positive change would produce better long-term health outcomes. This study lays the foundations for future XP research, which will be vital to improve understanding and enhance photo protective behaviour.