

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.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

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

Dr Kay Sunderland*, Dr Emma Drysdale, Dr Brian Gillatt, Dr Alan Mackenzie and Dr Paula McCahon

NHS Greater Glasgow and Clyde, Glasgow, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.255

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.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

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

Dr Bruce Tamilson*, Dr Sebastian Shaw and Dr Jessica Eccles
Brighton and Sussex Medical School, Brighton, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.256

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