

Gambling Venues and Their Association With Incidence of Help-Seeking Gambling Disorder

Dr Konstantinos Ioannidis^{1,2}, Professor Dianna Smith¹ and Professor Samuel R. Chamberlain^{1,2}

¹University of Southampton, Southampton, United Kingdom and ²Hampshire and Isle of Wight Healthcare NHS Foundation Trust, Southampton, United Kingdom

doi: [10.1192/bjo.2025.10488](https://doi.org/10.1192/bjo.2025.10488)

Aims: The NHS Southern Gambling Service (SGS) opened in 2022, and provides evidence-based assessment and treatment for people affected by gambling disorder across the South East of England. It is known that gambling venues are often placed in highly deprived areas, where populations vulnerable to gambling disorder reside. Little is known about whether geographical presence of gambling venues is linked to higher rates of referrals for gambling disorder to clinical services. The aims were to draw insights on the association between the incidence of referrals at the SGS and number of registered gambling venues across the geographical footprint of the regional service, while we adjust for indices of multiple deprivation.

Methods: Service level data for referrals per Low-Tier Local Authority (LTLA) level were merged with open access national datasets for indices of multiple deprivation (Office for National Statistics 2021) and number of gambling venues in each area (Gambling Commission 2024). Linear regression analyses were performed in-sample to identify the strength of the associations between the number of referrals and number of registered venues, adjusted for indices of multiple deprivation (IMD). This service evaluation was pre-registered with the Hampshire and Isle of Wight Healthcare NHS Foundation Trust Clinical Effectiveness team. All data analysis was conducted in R version 4.4.2.

Results: A total of 668 participants were referred to the SGS from September 2022 to end of November 2024. The correlation between venues and referral incidence was strong (Pearson's $r=0.58$, $p<0.001$). Number of venues per LTLA were statistically associated with incidence of referrals to the SGS ($t=3.9$, $p<0.001$) including after adjusting for IMD indices. The model which included only the number of venues as a predictor explained 33.3% of the variance in incidence rate ($R^2=0.3325$, $p<0.001$).

Conclusion: Number of gambling venues was strongly associated with incidence of referrals to the SGS. This association remained strong even after adjusting for indices of multiple deprivation. These insights can help the SGS in the strategic planning of development and utilization of its future resources, and highlight the need to examine sources of referrals nationally and links to contextual factors such as presence of gambling venues. Further work is warranted to define the optimal granularity for dissecting the geospatial links between the location of gambling venues and referrals to NHS Gambling Treatment Services, to further establish the stability and generalizability of these findings, as well as to explore a broader range of implicated bio-socio-economic factors.

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.

A Service Evaluation of Eating Disorders Training for Psychiatry Trainees in Wales

Dr Umer Jalal¹, Dr Nermeen Ahmed¹, Dr Isabella Jurewicz², Dr Hafeesa Sameem² and Dr Manjula Simiyon³

¹Swansea Bay University Health Board, Swansea, United Kingdom; ²Cardiff and Vale University Health Board, Cardiff, United Kingdom and ³Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

doi: [10.1192/bjo.2025.10489](https://doi.org/10.1192/bjo.2025.10489)

Aims: Concerns about the inadequacies in eating disorders (EDs) training are widely acknowledged. Through this comprehensive project, we aim to delve deeper in identifying knowledge and training gaps regarding EDs in Wales. The specific aims are: to ascertain gaps in understanding of EDs amongst psychiatry trainees in Wales, and to evaluate the current teaching and training offered to them.

Methods: Between 7 and 14 October 2024, two cross-sectional, Microsoft web surveys were distributed among core trainees' year 3 (CT3s) and higher trainees (HTs) in psychiatry across Wales. Participation was voluntary and anonymised. Surveys included seven Likert-scale questions and one free-text question. Postgraduate teaching and training on EDs between August 2023 and August 2024 by Health Education and Improvement Wales (HEIW) and the six university health boards (UHBs) offering psychiatry training were also surveyed.

Results: A total of 28 HTs and 13 CT3s completed the surveys. Over 60% of trainees reported low confidence (rated 5 and below) in describing various EDs, their prevalence, and risk profiles. Only 50% of HTs felt confident (rated 6–10) diagnosing EDs compared with 69% of CT3s. Additionally, only 57% of HTs felt confident in communicating with people with EDs and assessing their needs, compared with 77% of CT3s. Furthermore, 75% of HTs felt unsure about the stages and types of EDs management compared with 54% of core trainees. On the other hand, 85% of CT3s and 68% of HTs felt confident in describing medical emergencies in EDs.

Above 80% of trainees expressed dissatisfaction with education and training provided. No ED-related postgraduate teachings or specific placements were offered across most UHBs during the review year. Exposure to ED patients was primarily through Child and Adolescent Mental Health Services placements, with limited opportunities based on trainees' interest. HEIW offered one teaching session on EDs to each CT1 and CT2/3 cohorts; however, the CT1 session was cancelled. Since 2023, HEIW has been funding the Royal College of Psychiatrists' ED credential for interested HTs in Wales. **Conclusion:** The noticeable gaps in trainees' understanding and training in EDs highlight the urgent need for improved educational and training programs. To effectively address these gaps, gaining insight into trainees' perspectives and working collaboratively with trainers can lead to the development of more effective training strategies.

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.

Clinical Management of Obsessive-Compulsive Disorder in Children and Young People: Evaluating Current Practices in Al Ain, United Arab Emirates

Dr Amani Alkharoossi¹, Dr Ayesha Afzal^{1,2} and Dr Syed Fahad Javaid²

¹Behavioral Sciences Institute, Al Ain Hospital, Al Ain, UAE and ²Department of Psychiatry, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, UAE

doi: [10.1192/bjo.2025.10490](https://doi.org/10.1192/bjo.2025.10490)

Aims: Obsessive-compulsive disorder (OCD) is a condition characterised by remitting and relapsing symptoms that can be debilitating, significantly impacting a young person's daily life. Individuals with this condition experience distressing symptoms that include obsessions in the form of repetitive, intrusive thoughts and compulsions manifested as persistent rituals. All children and young people with OCD should be offered guided self-help, psychological support, and pharmacological treatment options tailored to the patient's developmental age. This audit aimed to evaluate the clinical management of OCD in children and adolescents at the Behavioural Science Institute, Al Ain Hospital, United Arab Emirates. We analysed compliance with the standards set forth in The National Institute for Health and Clinical Excellence (NICE) Guideline 31 regarding the diagnosis and management of OCD in children and young people.

Methods: This hospital-wide audit involved a retrospective review of electronic case notes. A questionnaire was developed to anonymously capture the necessary information. The audit sample consisted of 39 service users diagnosed with OCD who were treated in the child psychiatry clinic between January 2019 and December 2023. Data collection occurred between April and June 2024.

Results: Of the 39 patients, 20 (51%) were male, with 18 (46%) being Emirati citizens. The age range of the sample was between 7 and 15 years, with a mean age of 9.4 years. Among the 39 patients, only one received clear, guided self-help materials in the form of access to an interactive app for breathing exercises and relaxation strategies. Thirty-two (82%) of the patients received psychotherapy, with the number of sessions ranging from 1 to 28. Psychotropic medications were administered to 28 (72%) of the patients, all treated with a selective serotonin reuptake inhibitor (SSRI). Sertraline was the most commonly prescribed medication, followed by fluoxetine and fluvoxamine.

Conclusion: This audit has identified areas for improvement in the current practice of treating OCD among children and adolescents, including the need to develop local guidelines, increase access to self-help materials for patients, and enhance the services provided for psychotherapeutic interventions. We recommend improved staff training to enhance the quality of discussions with the young person and their family, which may help increase compliance with psychotherapy. A re-audit of the practice will be conducted one year after the implementation of the aforementioned action plan.

No financial sponsorship has been received for this evaluative exercise.

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.

Lithium Monitoring in Adult Community Mental Health Patients: Evaluating Current Practices in Al Ain, United Arab Emirates

Dr Mouza AlDhaheri¹, Dr Salma AlAzezi¹,
Dr Fatima AlShanqiti¹, Dr Taibah AlMadhaani^{1,2} and Dr Syed Fahad Javaid²

¹Behavioral Sciences Institute, Al Ain Hospital, Al Ain, UAE and

²Department of Psychiatry, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, UAE

doi: [10.1192/bjo.2025.10491](https://doi.org/10.1192/bjo.2025.10491)

Aims: Lithium is a well-established mood stabiliser used for conditions such as bipolar disorder, mania, and depression. Given

its narrow therapeutic index, regular monitoring is essential to prevent toxicity, which can cause confusion, seizures, coma, or death. This audit evaluated long-term lithium monitoring compliance for adult community-based patients at the Behavioural Science Institute, Al Ain Hospital, United Arab Emirates. We assessed adherence to local hospital guidelines, which align with The National Institute for Health and Clinical Excellence (NICE) Guideline CG185, recommending six-monthly checks of serum lithium levels, thyroid function, renal function, calcium levels, and BMI, with some patient groups requiring more frequent testing notably older adults, those taking medications interacting with lithium, and patients at risk of kidney, thyroid, or electrolyte abnormalities.

Methods: This retrospective audit reviewed electronic case notes of 38 patients on long-term lithium therapy under community mental health services from January 2018 to January 2019. A questionnaire was developed to capture the necessary information anonymously. Data collection occurred between March and May 2024.

Results: Of the 38 patients, 20 (53%) were male, with an age range of 20–64 years and a mean age of 35.2 years. The most common diagnosis was bipolar disorder, which accounted for 44.7% of cases, followed by schizoaffective disorder at 18.4% and major depressive disorder at 10.5%. Regarding six-monthly monitoring, serum lithium levels were measured in 25 patients (65.8%), with documented reasons provided for only six of the 13 patients who did not undergo testing. BMI was monitored in 36 patients (94.7%), while thyroid function tests were conducted for 31 patients (81.5%). Renal function was assessed in 27 patients (71%), with urea and electrolytes checked in 32 patients (84.2%). Notably, serum calcium levels were measured in only three patients (7.8%), highlighting a significant gap in monitoring adherence.

Conclusion: The audit revealed considerable inconsistencies in lithium monitoring, particularly in the assessment of serum lithium and calcium levels. To address these gaps, we recommend enhancing staff training on lithium prescribing and monitoring protocols to ensure adherence to guidelines. Optimising electronic prescribing systems to generate automated reminders may improve compliance, while better documentation practices are needed to ensure that any deviations from standard monitoring are appropriately justified. A re-audit will be conducted one year after implementing these measures to evaluate their effectiveness.

No financial sponsorship has been received for this evaluative exercise.

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.

A Pilot Project to Evaluate the Acceptability of Serum Clozapine Level Monitoring by Finger-prick Method in an Adult Community Mental Health Team (CMHT)

Dr Sadia Tabassum Javaid, Dr Ravindra Belgamwar and
Dr George Horton

North Staffordshire Combined Healthcare NHS Trust, Stoke-on-Trent, United Kingdom

doi: [10.1192/bjo.2025.10492](https://doi.org/10.1192/bjo.2025.10492)

Aims: Clozapine is a cornerstone in treating resistant schizophrenia, with evidence linking threshold plasma levels to positive clinical outcomes. The Maudsley Guidelines recommend levels of 250–420 µg/L for an adequate trial. Our trust requires trained staff to collect venous samples, with results taking several days. The updated clozapine pathway suggests checking levels at initiation