

ASCEND: Ambient Scribe for Community mEntal health and NeuroDevelopmental services – a Phase 3 multi-site implementation study

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Introduction

- Mental Health services globally face rising demand with growing administrative burden.
- Clinical documentation requires significant clinician time, limits service capacity, and contributes to workforce pressures – challenges that are especially acute in neurodevelopmental pathways where complex assessments generate lengthy reports.
- Ambient Voice Technology (AVT) is an AI-driven tool that transcribes real-time clinical dialogue and transforms it into structured outputs including progress notes and GP letters, and can synthesise information from multiple sources (including questionnaires and third-party reports) into summary documents.
- Emerging evidence suggests AVT reduces clinicians’ cognitive load and administrative time, improving overall clinical capacity¹.

Aims

- To evaluate the impact of AVT on clinical documentation time across Child and Adolescent Mental Health Services (CAMHS), Adult Community Mental Health Hubs (CMHH), and Community Paediatric Child Development Clinics (CDCs).
- To assess clinician experience of using AVT including usability, acceptability and perceived impact on cognitive load and workload.
- To assess patient and carer acceptability of AVT.

Methods

- Design:** 16-week mixed-methods pre-post multi-site study
- Setting:** Ten community teams across Adult ADHD, CMHH, CAMHS, and CDC services in North West London
- Participants:** 41 MDT clinicians (medical, nursing, psychology, therapy, and pharmacy), with local project leads.
- Procedure:** Clinicians self-recorded documentation time using timesheets at baseline (manual) and intervention (AVT), with each encounter categorised by use case (e.g. *ADHD assessment, Duty call, Therapy*). Clinicians completed questionnaires covering AVT acceptability, System Usability Scale (SUS) and Oldenburg Burnout Inventory (OLBI) at baseline, weeks 8, 12 and 16, and 6-month follow up. Patient/Carer acceptability was captured via surveys.
- Outcome measures:**
 - Primary: Administration time taken per clinical encounter
 - Secondary: Clinician-rated usability, acceptability and wellbeing; patient acceptability via surveys and questionnaires.

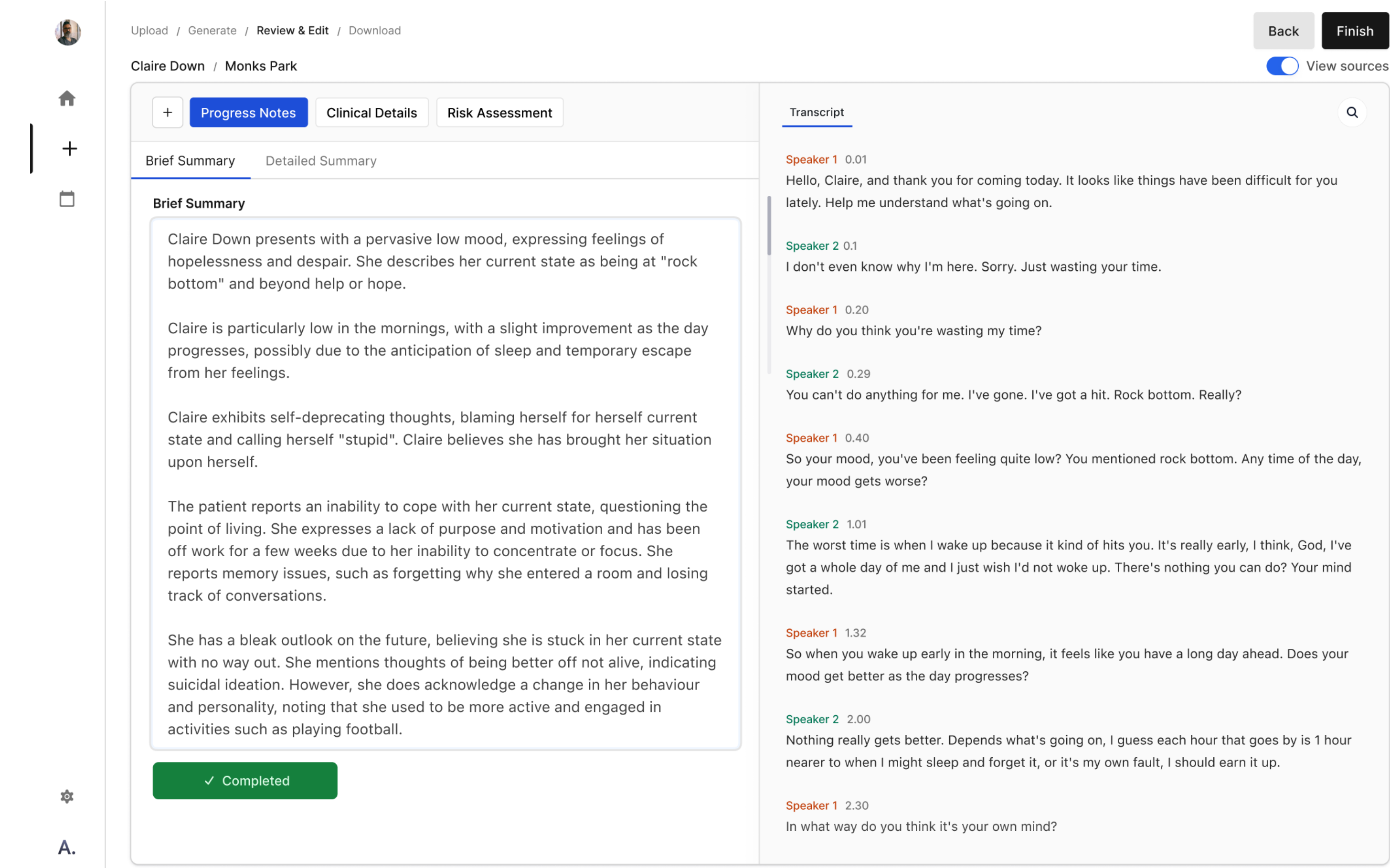
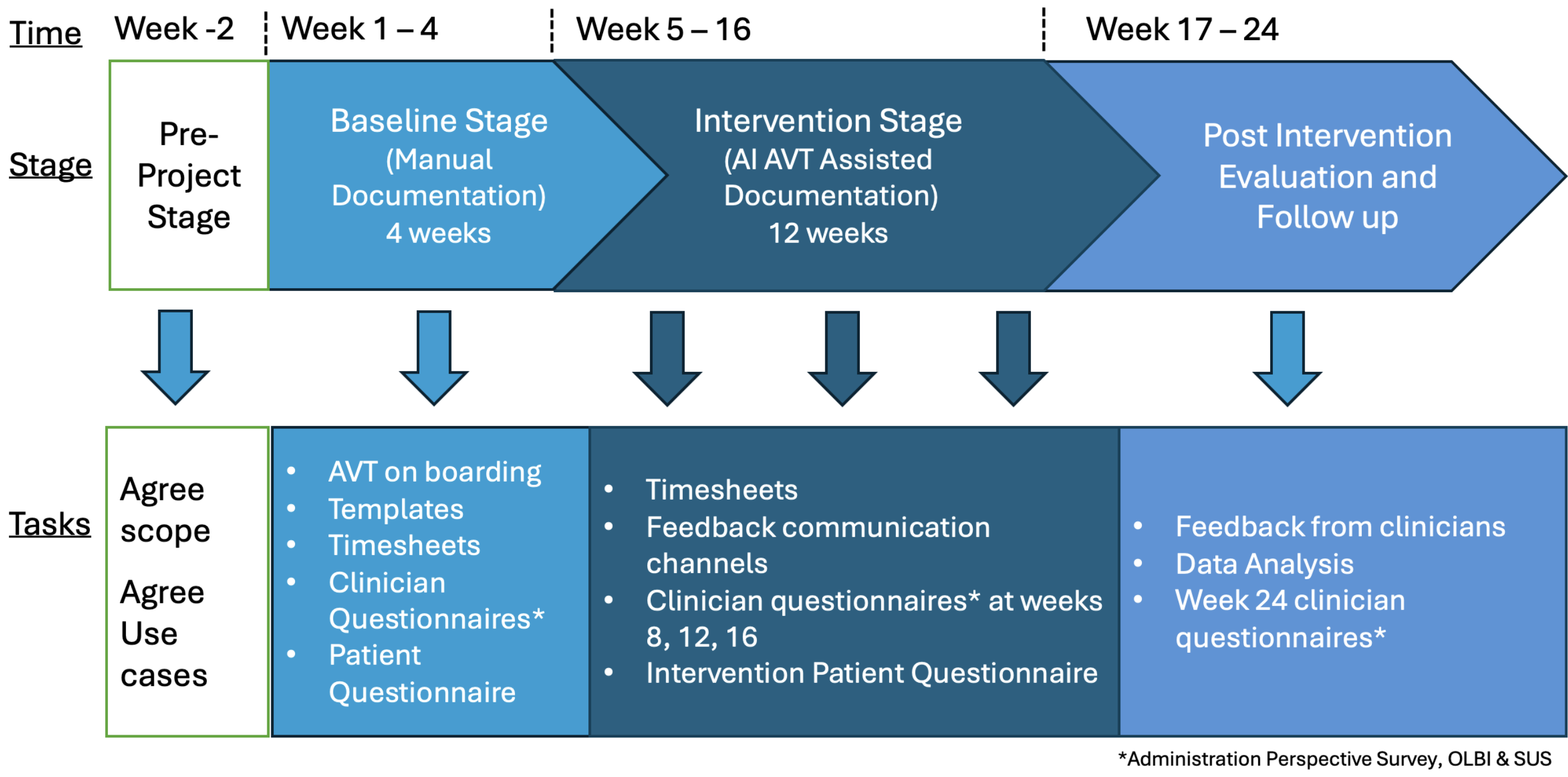


Figure 1. Example of AVT platform

Figure 2. Process map of study



Results

Primary Outcome:

2,188 clinical encounters were analysed, 67% using AVT. All 16 use cases showed reduction in administrative time (average 57% less), only 3 were not statistically significant. In statistically significant cases, AVT assisted documentation took 27%-75% less time to complete.

Secondary Outcome:

- 84% of clinician responders felt AVT improved workplace satisfaction and would recommend AVT to colleagues. 80% of clinicians agreed that AVT increased the likelihood of remaining in the current Trust.
- There was no statistical significance in OLBI scores. SUS scores indicated slight increase with borderline statistical significance (p=0.05).
- 95% of patient responders reported they would recommend AVT to other patients. There was no statistical difference in patient satisfaction, suggesting respondents were equally satisfied with care from both manual and AVT settings.
- Only 10 patients opted out from AVT use (0.7%)

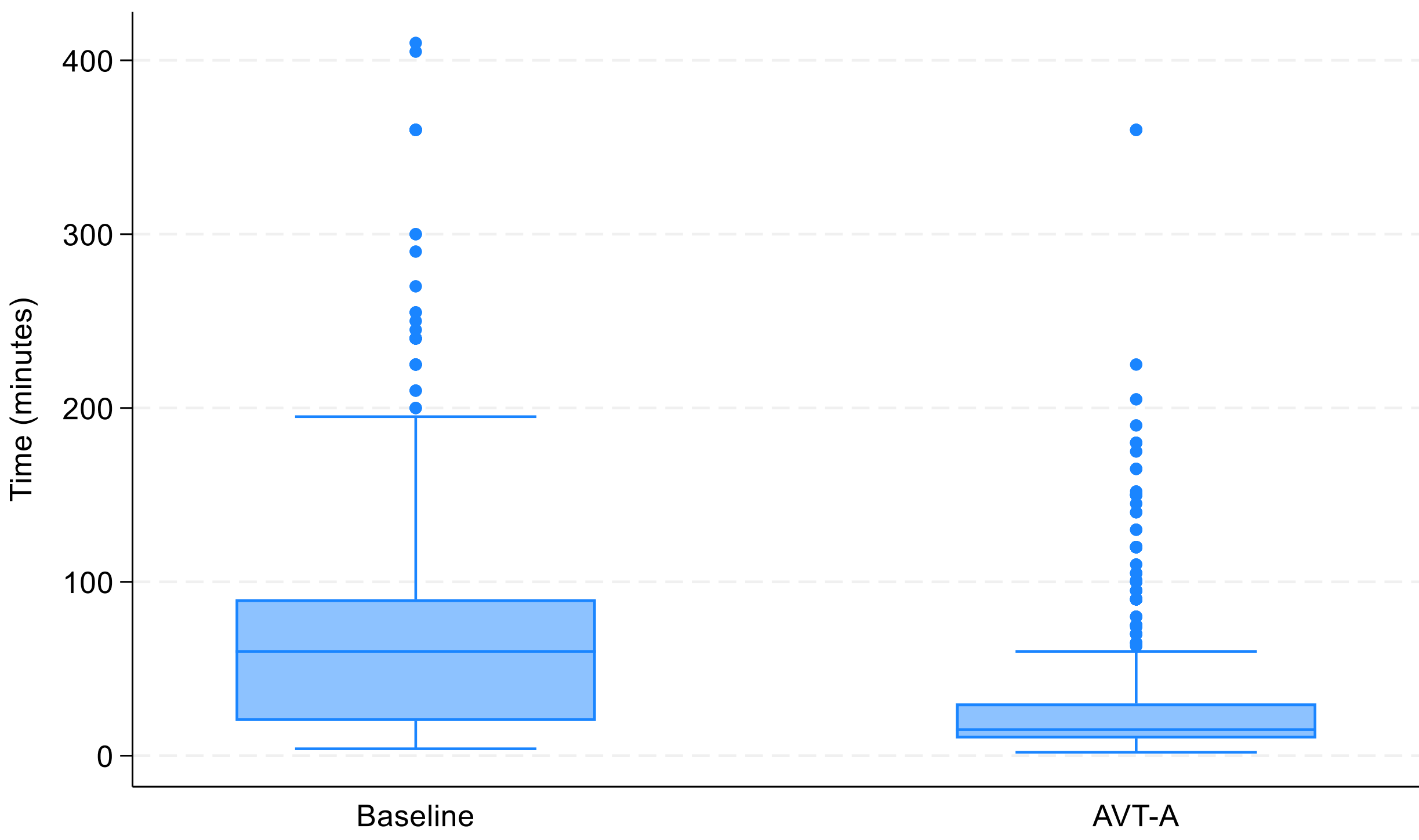


Figure 3. Boxplot of time taken (manual vs. AVT-A documentation)

Conclusions

- AVT significantly reduced documentation time across a range of use cases with perceived non-inferiority in quality of documentation.
- AVT improves clinician satisfaction and patient engagement and had high acceptability from patients and carers.
- There was no significant change in OLBI burnout scores despite perceived improvements in workplace satisfaction
- Our clinician-led implementation model showed high acceptability and supported effective scaling across services, demonstrating the potential of AVT to improve service capacity and workforce sustainability.

References

1. Stanton N, Aziz A, Jakhra S, Wong S, Morganstein L, Bassett P, et al. Evaluating artificial intelligence ambient voice technology as a documentation assistant in psychiatry: proof-of-concept study. BJPsych Bulletin. 2025;1–8. doi:10.1192/bjb.2025.10186