records of anyone who had been diagnosed for the first time with first episode psychosis, schizophrenia, schizoaffective disorder, delusional disorder (non-affective psychosis = NAP) also bipolar disorder = BPD). We analysed body mass index (BMI) change in the period before and after first prescription of anti-psychotic medication.

Results. We identified 9125 people with the diagnoses above. NAP (n = 5618; 37.5% female) mean age 49.3 years; BPD (n = 4131; 63.3% female) mean age 48.1 years. Follow-up period was up to 25 years. 27.0% of NAP were of non-white ethnicity vs 17.8% of BAP individuals.

A higher proportion of people diagnosed with NAP were in the highest quintile of social disadvantage 52.4% vs 39.5% for BPD. There were no significant differences in baseline BMI profile but mean HbA1c in those 2103 people where available was higher in NAP at baseline at 40.4mmol/mol vs 36.7mmol/mol for BPD.

At 5-year follow-up 53.6% of those NAP with a normal healthy BMI transitioned to obese / overweight BMI vs 55.6% with BPD. 43.7% of those NAP with normal BMI remained at a healthy BMI vs 42.7 % with BPD. At 5-year FU for NAP, 83.1% of those with BMI ≥30kg/m2 stayed in this category vs 81.5% of BPD.

At 5-year follow-up there was similarity in the overall % NAP in the obese ≥30kg/m2 category (42.4%) vs BPD (44.1%).

Conclusion. The results of this 25-year real world longitudinal cohort study suggest that the changes in BMI with treatment of non-affective psychosis vs bipolar disorder are not significantly different, highlighting the importance of regular physical health monitoring in all people with SMI.

Using longitudinal population data in this way has the potential to open up new avenues of research in psychiatry in terms of physical and mental health outcomes.

Optimising a Digital Micro Intervention to Support Parenting Skills Using Agile Sprints

Dr Nathan Hodson[1]* and Dr Peter Woods[2]

[1]Warwick Medical School, Coventry, United Kingdom and [2]Oxford University, Oxford, United Kingdom
*Corresponding author.

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Aims. To adapt a digital micro intervention, the Pause: Smart Parent Timer app, to support evidence-based parenting skills programs, which are first line for disruptive behavioural disorders. 77% of parents use time out but 85% use it in ways contrary to evidence. This project aimed to optimise the app to support time out and related approaches across a diverse range of parenting programs.

Methods. Working with parenting program providers across the Midlands, the app was updated through an iterative process of agile sprints. The process drew on the EAST behavioural insights framework with a focus on consistency between parenting programs and the app.

Results. The app was improved over several stages to meet the needs and preferences of parenting program providers. Key gains included: a) improved graphics, b) improved UX, c) more options for parents to change timings, d) a wider range of timing protocols for different parenting programs, e) removing references to time out, f) added elements of mindfulness.

Conclusion. This process resulted in a single app which can be used to support any major parenting skills program. Future plans include extending parent feedback and evaluating usability in practice.

How Do Patients, Carers and Mental Health Nurses Experience Their Contact With the Forensic Multidisciplinary Team in a Medium-Secure Unit? a Thematic Analysis

Dr Alexander Jack[1], Dr Eleanor Parkinson[2], Dr Talhah Malik[2], Dr Stephen Hemblade[3] and Dr Fiona Hynes[2]

[1]University of Wolverhampton, Wolverhampton, United Kingdom; [2]Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom and [3]Priory Group, London, United Kingdom

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Aims. Clinical teams oversee the care of patients within secure psychiatric inpatient settings. They are made up of a number of professions, including psychiatrists, psychologists, occupational therapists, social workers and nurses. The effective collaboration of the different members of the clinical team is vital for its functioning. However, so is the team's interface with other key stakeholder groups, namely nursing teams, service users and carers. Understanding the needs and priorities of these groups regarding their relationships with the clinical team is also important to recognise and in the provision of good quality care. To understand the experiences, priorities and needs of stakeholder groups in their relationship with the clinical team. Gaining feedback from multiple sources (service users, carers, nurses) will help facilitate functioning of the clinical team in the delivery of excellent care to service users.

Methods. Ethical approval was granted by the host NHS trust. Between October 2019 and October 2021, three focus groups were conducted using a semi-structured interview to gather responses from carers, nurses and service users (6 participants in each group) respectively. The interviews were recorded and transcribed. Thematic analysis was used to code each transcript and themes were drawn from the coded data.

Results. Dominant themes emerged from the three data sets. Consistent themes between groups included communication, hierarchy/power and representation. There were also differences in themes identified, with the carer group bringing the theme of education/ knowledge, and nursing group raising the value of human relationships, including compassion. The theme of transparency emerged strongly for the service user group.

Conclusion. This study offers an interesting perspective on what distinct stakeholder groups want and value in their relationship with the clinical team. Gaining feedback from multiple sources (service users, carers, nurses and members of the MDT) can better inform a team about its functioning and help improve performance. Developing a tool to aid the systematic collection of multi-source feedback is the next step of this project, facilitating the voices of key stakeholder groups to be heard.