

causing psychological distress were: fear of family/friends contracting COVID-19 followed by lack of PPE and discomfort caused by wearing PPE for long hours. Respondents suggested that the distress would be reduced if: more resources were provided in hospital; protocols and guidelines were implemented and counselling facilities with recreational activities were available to frontline workers.

**Conclusion.** This study showed that the COVID-19 pandemic has affected the mental health of healthcare workers and more support or strategies need to come in place to protect frontline workers at the time of crises.

## A survey of Irish psychiatric trainees attitudes to balint groups

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**Aims.** 1. To compare the experience of psychiatric trainees in Ireland of online Balint Groups (BG) in contrast to face to face groups.

2. To assess the general attitudes of trainees to BG using the Psychological Medical Inventory (PMI) (Ireton and Sherman, 1988) scale.

**Method.** An online survey comprising two sections: 1. A questionnaire exploring participants experience, effectiveness and obstacles to attending the two formats of BG with a free text box response. 2. General attitude of trainees towards BG using PMI scale.

An online cross-sectional survey using Survey Monkey. An invitation to participate in the survey was emailed to all trainees by the College of Psychiatrists in Ireland. All data were anonymised, and all data processing was conducted in line with GDPR. Statistical analysis was undertaken using Microsoft Excel. Thematic analysis was applied to the free-text box responses.

**Result.** 16.49% (64/388) responded to the survey. Responses were uniform across all stages of training, 97% of respondents attended BG; 72% attended both formats, 25% attended only face-to-face and 3% online only. 65% of respondents preferred face to face compared to 18% online, whilst 11% stated no preference.

On thematic analysis, trainees asserted a preference for face-to-face, describing better group cohesion, feeling safer to share, increased ease of interpreting non-verbal communication, and that conversation was more fluid. They described greater ease of engagement with the group/facilitator and preferred direct social interaction with peers.

Conversely, most trainees acknowledged that online groups were convenient to attend, less time consuming & mitigated COVID risk associated with face-to-face meetings. Common themes against the use of online groups were: less psychotherapeutic in nature, technical issues, silences, unable to see participants faces and as though speaking “into the void”.

Regarding trainees’ attitudes to attending BG, most of the trainees found BG had been beneficial in developing more interest and confidence in dealing with the psychological aspects of patient care. Trainees agreed that skills improved in developing an excellent doctor-patient relationship, recognising patients under stress/ in distress, systemically obtaining psychological information and making treatment decisions based upon psychological needs and psychotherapeutic engagement. They agreed

that they could better understand the influence of doctors’ emotions on the doctor-patient relationship.

**Conclusion.** This survey showed that most trainees find BG beneficial in developing better doctor-patient relationships, preferring face-to-face rather than online BG. However, they found online more convenient. A blended learning approach could provide trainees with the benefits of both formats of BG.

## A decade of community-based participatory research: from a tentative start to a fruitful approach in the field of mental health: a scoping review

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**Aims.** This scoping review aimed to identify and analyse studies utilising Community-Based Participatory Research (CBPR) to design and/or disseminate a mental health (MH) intervention with underserved communities around the globe. This was with the intention of updating the knowledge base on this area, and identifying both areas of promise in this field as well as any gaps for future work to fill.

**Method.** This scoping review was conducted using the Joanna Briggs Institute’s Scoping Review Manual and the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist. Three databases, Scopus, PubMed and Sage Journals, were searched to identify relevant studies, using the three terms ‘CBPR’, ‘underserved’ and ‘mental health’, and words to the equivalent.

**Result.** The search identified 607 English-language sources published between 1st January 2010 and 30th June 2020. Following duplicate removal, screening and bibliography scanning, 34 highly relevant studies remained. The studies were varied in their chosen context, MH gap, how they gave meaning to the participatory approach, how they defined their successes, and what strengths and challenges were encountered in CBPR’s application to this field. Briefly, all but one of the studies were focused on underserved communities within high-income countries (HICs); many focused solely on women and youth groups; and finally, the use of technology and talking therapies were noted to achieve particular success.

**Conclusion.** CBPR is commonly used to engage the underserved through long-term partnership building and equitable stakeholder involvement, shifting the dialogue from research on to research with communities. This unique, needs-oriented approach harbours mutual ownership of the research, empowering historically disenfranchised individuals to become actively involved in reducing identified health disparities. In the field of MH, this is of great importance and need in many underserved communities due to issues of access, heightened by a distrust in mainstream services as well as by the stigma attached to MH conditions.

As compared to studies in this field ten years ago, CBPR has become much more established, with this review noting a remarkable increase in MH projects utilising this approach. Furthermore, the addition of new technologies to this field was shown to offer significant promise in overcoming access barriers, hoping to ultimately narrow identified MH gaps. Nonetheless, further work on the prevailing gender and HIC biases, and for a review including relevant Spanish-language studies, are still required in order to form a more global overview of this field.

## The perception of behaviour associated with dementia in the acute hospital

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**Aims.** General hospital based Health Care Professionals (HCPs) use very varied language to describe behaviour in dementia. Lessons from medicine and other professions tell us that non-uniform communication is a source of error and subsequent poor decision making. Knowing how HCPs communicate behaviour in dementia in a hospital setting may help better understand these potential sources of communication error and identify training needs.

**Background.** Around 25% of hospital beds occupied with people living with dementia. Hospitalised patients with dementia have a high prevalence of distressing symptoms (pain 70%, delirium 66%, depression 35%, anxiety 34%, hallucinations 14% delusions 11%). These symptoms often displayed as behaviour can be challenging for HCPs to interpret. Variations in communicating behaviour may lead to inconsistent understanding of the need, with the potential for missing treatable conditions that drive the behaviour. Standardizing communication and documentation have the potential to improve the quality of information handed over between HCPs which may improve the quality of care and patient outcomes.

**Method.** Qualitative methodology including photo elicitation was used. A purposive sample of 59 HCPs was selected. This was identified from a range of professional backgrounds, experience levels and medical specialities. They were presented with a photograph and case vignettes depicting 4 behaviours associated with distress (aggression, depression, delirium and psychosis). HCPs were asked to respond to the scenarios as if they were handing over to colleagues or documenting in the medical record. Data were analysed by thematic analysis.

**Result.** 59 HCPs were interviewed with photo-elicitation. Participants recorded their responses in limited time to reflect time constraints in a busy ward environment. 2 HCPs declined to participate in research.

When describing behaviour associated with aggression and depression HCPs were consistent with the language used (49/57). When presented with a delirium less consistency was observed (31/47). While describing psychosis each HCP chose either paranoia or suspiciousness among other descriptions.

**Conclusion.** Overall there has been consistency in describing the distress experienced by the patient even though HCPs came from very different roles and specialities. Doctors, Nurses, CSWs and dieticians all described the behaviour alike. Newer staff were more accurate which could be due to dementia training within National Dementia Action Alliance.

## Course and outcome of comorbid mood disorders in children and adolescents with intellectual disability [IDD]

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**Aims.** The primary objective of the study is to assess the clinical course and functional outcome of comorbid mood disorders in children and adolescents with Intellectual Disability [IDD]

**Method.** 53 children and adolescents with varying levels of severity of IDD presenting with comorbid mood disorders diagnosed using Kiddie Schedule for Affective Disorder and Schizophrenia-DSM-5 version [KSADS] were recruited by convenient sampling with the exclusion of autism spectrum disorders. Vineland Social Maturity Scale [VSMS] is used to quantify the severity of ID. Developmental Behaviour Checklist-Parent [DBC-P] version is used to measure psychopathology, Clinical Global severity of illness [CGI-S] to quantify the clinical improvement, and Developmental Disabilities Children's Global Assessment of Severity [DD-CGAS] to assess functional improvement. Prospective naturalistic follow-up was done with assessment points at baseline, 1, 3- and 6-month timeline.

**Result.** 40 patients were followed up for 6 months period. Overall significant improvement is observed in the dependent variables like CGI, DDCGAS, and DBC-P from baseline to 3 months and then a plateau of improvement from 3 to 6 months. The diagnostic breakup of mood disorders is mania [N = 19], Depression [N = 12], and mixed affective state [N = 9]. Patients with mania had significant improvement in DBC score [F = 12.69, p < 0.001 in repeated measures ANOVA], DDCGAS [p < 0.001], and CGI score [p < 0.03] with an overall remission rate of 42.10% over 6 months period. Patients with depression had significant improvement in DBC score [F = 15.48, p < 0.001], DDCGAS, and CGI score [p < 0.001] with an overall remission rate of 41.7%. None of the patients with mixed affective states had clinical remission with no significant improvement observed in any of the dependent variables measuring course and outcome.

**Conclusion.** Comorbid psychiatric disorders in children and adolescents with IDD have a guarded prognosis compared to mood disorders in neurotypical children. Comorbid ADHD and caregiver stress majorly influenced the course and outcome in the current study.

## Post-traumatic stress disorder (PTSD), anger and mental health of school students in Syria after nine years of conflict: a large-scale school-based study

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**Aims.** The Syrian crisis has entered its ninth year with many being affected by the war. This is the largest-scale study that aims to evaluate the psychological profile of secondary school students in Syria.

**Method.** This is a cross-sectional study in schools in Damascus, Syria. The surveys assessed working habits, smoking, war exposure, grades, socioeconomic status (SES), social support, health-related quality of life (HRQL), post-traumatic stress disorder (PTSD), problematic anger, and other parameters.