

self-stigma and implementing self-stigma interventions is important. Specific self-stigma reduction strategies should be introduced to mitigate the self-stigma in depressive patients and to improve their quality of life.

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### Lessons From a Crisis: A Thematic Analysis on Occupational Stress in Staff in an Acute Paediatric Teaching Hospital in Ireland

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doi: 10.1192/bjo.2024.270

**Aims.** The COVID-19 pandemic placed increased pressure on service provision and healthcare worker [HCW] wellness. As the pandemic recedes, staff need an appropriate response to facilitate individual and organisational recovery, to minimise long-term healthcare worker burnout and to be better equipped for future crisis in healthcare. The aim was to explore and reflect on the experiences of staff working during the COVID-19 pandemic in an acute paediatric hospital to determine an appropriate response in the post-crisis work environment.

**Methods.** A Qualitative research design using responses from open ended questions from one hundred and thirty-three clinical and non-clinical staff (89% clinical) from an Irish paediatric teaching hospital. Responses were thematically analysed.

**Results.** HCWs experienced frustration, uncertainty, anxiety and stress, during the pandemic crisis. This included communication inconsistencies, inadequate support and staffing and other resource shortages, leaving staff at high risk for long-term burnout as the pandemic recedes. Three themes were developed detailing this; 1) Support, 2) Communication and 3) Trust.

**Conclusion.** This research supports the long-standing need to increase mental health service investment and to implement an appropriate response to regain and maintain a healthy workforce, post COVID-19. This response should address the biopsychosocial needs of the individual and healthcare organisations should work dynamically, creatively and collaboratively to ensure the psychological safety of its workforce moving forward.

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### A Systematic Review of Recruitment and Retention Within Randomised Controlled Trials of Adults With Down Syndrome

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doi: 10.1192/bjo.2024.271

**Aims.** Adults with Down syndrome (DS) face significant health inequalities and are at increased risk of numerous health concerns. Despite the need, there is a lack of high-quality randomised trial evidence and clinical interventions for people with DS are largely based on consensus guidelines or clinician preferences. As life-expectancy of those with DS increases, the research gap continues to widen.

There is a perception that randomised controlled trials (RCTs) involving people with DS may be hard to carry out due to difficulties in recruitment and retention of participants. However, there is no scientific literature exploring this topic. This systematic review aimed to assess planned vs actual recruitment and retention in RCTs involving adults with DS, and to summarise reported facilitators and barriers to participation of adults with DS in relevant trials. **Methods.** The MEDLINE, PsycINFO, EMBASE databases were searched systematically to retrieve all RCTs involving adults with DS aged 16 years or older published from 01.11.1961 to 15.12.2023. Ongoing RCTs were identified from trial registries and searches were supplemented by review of reference lists. Data extraction is ongoing but seeks to elicit details of trial design; planned and achieved recruitment sample size; planned and achieved retention rate, and any specific recruitment or retention strategies described. Risk of bias analysis was not relevant to the research question and so not performed. The review was prospectively registered on Prospero (CRD42023447126).

**Results.** The database searches retrieved 1,825 results. Post deduplication, 1,518 articles underwent title and abstract screening, of which 82 full texts were reviewed. 53 papers were included in the final analysis, reflecting 47 RCTs involving 1,772 individuals. Commonly studied interventions included exercise programmes for physical fitness and pharmaceuticals that may augment neuropsychological function. Studies typically reported small sample sizes at the point of randomisation (mean = 38.5, SD = 49.6), with over half reporting a sample size of  $n < 50$ . A significant number of studies reported difficulty recruiting and retaining participants (detailed data will be available in the poster). Of the minority of articles that reported power calculations, several reported failure to meet target sample size.

**Conclusion.** Initial results point to a paucity of high-quality, large-scale RCTs involving adults with DS and challenges related to recruitment of participants. The results may aid development of strategies that allow clinical trial teams to overcome challenges in recruitment and retention in RCTs, and may eventually contribute to the improved health and wellbeing of adults with DS.

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### Caregiver Mental Health, Quality of Life, and Coping Following a Child's Diagnosis of Autism: A Follow-Up Study After 4–6 Years

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doi: 10.1192/bjo.2024.272