BJPsych Open S55

Positive effects, such a new-found compassion, appeared to hold significance long term in participants' 'recovered' lives.

Conclusion. The detailed exploration of themes in this study provides a deeper understanding of the complex nature of peer relationships amongst people experiencing inpatient treatment for anorexia nervosa. This could aid clinical decision making when choosing appropriate treatment settings for individual patients as well as informing clinical practice in inpatient units.

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.

The Effects of Trait Extraversion on University Student Mental Health and Well-being During Lockdown: A Systematic Review

Mr Oliver James, Mr Athanasios Hassoulas and Ms Katja Umla-Runge Cardiff University, Cardiff, United Kingdom

doi: 10.1192/bjo.2023.200

Aims. Personality traits such as extraversion and neuroticism are associated with mental health and well-being with trait extraversion positively associated with resilience, and negatively associated with a plethora of mental disorders including depression. Resilience was likely a useful trait during the COVID-19 pandemic which studies have shown negatively impacted the mental health of several different population groups, particularly university students. Mental health may also have been impacted differentially based on trait extraversion, with some evidence finding the mental health of extraverts was negatively impacted by lockdown. This review aimed to investigate whether trait extraversion was protective to university student mental health and well-being, operationalised by different symptom domains including stress and anxiety, during lockdown. We hypothesised that due to an extravert's proclivity to seek out and enjoy social interaction and the restriction of these very activities during lockdown, trait extraversion would no longer have a protective effect on mental health and well-being.

Methods. Six databases (EMBASE, MEDLINE, PSYCHINFO, SCOPUS, Web of Science and Cardiff University Full Text Journals) were consulted, and forty-five studies identified. Briefly, the eligibility criteria were studies of university students that had trait extraversion measured using either the Big Five or Eysenck's Personality Questionnaire in addition to a measure of mental health or well-being. Furthermore, at least 50% of the study must have been conducted under lockdown conditions with crosssectional and longitudinal studies eligible for inclusion. After data screening, three longitudinal and seven cross-sectional studies were identified as eligible for inclusion. Following data extraction, a qualitative narrative synthesis was applied to the extracted data. Results. Significant results were found for positive affect, negative affect, life satisfaction, quality of life enjoyment and satisfaction, anxiety and depression which suggested extraversion was protective. Non-significant results were also found for anxiety, depression, mental health, global quality of life, perceived stress, COVID-19 student stress and coronavirus anxiety.

Conclusion. The hypothesis that extraversion would be protective for mental health and well-being was accepted unanimously for life satisfaction and tentatively for anxiety. Furthermore, the hypothesis was rejected for depression and stress whose relationship with trait extraversion differed from pre-pandemic findings. The review recommended that extraverted university

students should be mindful of the increased risk of depression and stress during lockdown. Additionally, further research should be carried out on extraversion's relationship with stress, an important factor in mental health, and also look at interactions of trait extraversion with other personality traits such as neuroticism.

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.

Prevalence of Psychiatric Disorders in Adolescents With Epilepsy Attending a Tertiary Care Centre in South India

Dr Geethu Parvathy Omanakuttan¹, Dr Mithun Pulichumakal Devasia², Dr Laura Jayne Williams^{3*} and Dr Thekkethayil Viswanathan Anil Kumar⁴

¹Government Medical College, Konni, India; ²Government Medical College, Manjeri, India; ³Betsi Cadwaladr University Health Board, Rhyl, United Kingdom and ⁴Government Medical College, Thiruvanathapuram, India

*Corresponding author.

doi: 10.1192/bjo.2023.201

Aims. Epilepsy is one of the most common neurological disorders characterized by an enduring predisposition to generate seizures, which can affect all age groups. Prevalence of overall psychiatric disorders among persons with epilepsy is significantly higher, and children and adolescents with epilepsy were found to have even higher rate of disorders ranging from 35% to 50%. Along with anxiety and depressive disorders, attention deficit hyperactivity disorder (ADHD) is also a common psychiatric disorder in children and adolescents. This study was primarily aimed to estimate the prevalence of psychiatric disorders among adolescents diagnosed with epilepsy. It also looked for any association between such disorders with various sociodemographic and epilepsy related factors.

Methods. A cross sectional study was conducted among 117 adolescents aged 11 to 18 years diagnosed with epilepsy. Patients with intellectual disability were excluded. After taking written informed consent and assent from parents and participants, relevant sociodemographic and clinical data were recorded. Prediction of having a psychiatric disorder was made using multi-informant type of Strength and Difficulties Questionnaire (SDQ), with a total score in borderline range suggestive of possible and score in abnormal range suggestive of probable psychiatric disorder. Data were analysed using Statistical Package for Social Sciences (SPSS) software version 22. Chi-square test was used to find association between categorical variables. For all statistical interpretations, p < 0.05 was considered the threshold for statistical significance

Results. Assessment with multi-informant type of SDQ has predicted that 64.1% of adolescents with epilepsy has possible (23.9%) or probable (40.2%) psychiatric disorder.

Prevalence of abnormal scores for hyperactivity subscale was 29.9%, conduct subscale was 29.1%, emotional symptoms subscale was 40.2% and peer-problem subscale was 27.4%.

88 % had high pro-social score suggestive of good social behaviors.

An abnormal or borderline total difficulty score on SDQ was significantly associated with inadequate seizure control (p = 0.029). No significant association was noted between a higher total difficulty score on SDQ with age, sex, sociodemographic status or disease related variables like age of onset, duration and

S56 Poster Presentations

type of epilepsy, monotherapy or polytherapy or family history of psychiatric illness.

Conclusion. A higher proportion of adolescents with epilepsy were identified to risk of having a psychiatric morbidity, which can possibly impair the quality of life and treatment outcome, particularly in Indian context.

Early identification of such disorders using screening tools and a multidisciplinary approach for managing them at the earliest can possibly improve the outcome, for which further research is recommended.

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.

Perception of Trainees and Trainers Working in Birmingham and Solihull Mental Health NHS Foundation Trust About Exception Reporting and Its Implication on Medical Education - a Qualitative and Quantitative Research

Dr Saima Jehanzeb^{1*}, Dr Asma Javed², Miss Katie Williams¹, Professor George Tadros³ and Dr Sajid Muzaffar¹

¹Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom; ²Black Country Healthcare NHS Trust, Birmingham, United Kingdom and ³American Centre for Psychiatry and Neurology, Abu Dhabi, United Arab Emirates *Corresponding author.

doi: 10.1192/bjo.2023.202

Aims. The aim of this research was to explore if exception reporting (ER) has improved the work life balance of junior doctors, and if safeguards proposed during junior doctors' contract have helped doctors in raising concerns about unsafe work patterns or any missed training opportunities.

Methods. This study was reviewed and approved by the Health Research Authority (HRA). We reviewed the number and nature of exception reports completed by trainees between January 2017 and February 2020 by analysing the available ER data (obtained from Guardian of Safe Working) and explored perception of trainees and trainers about exception reporting (ER) by using semi structured and structured surveys. The target population included Core Psychiatry Trainees, GPVTS, Speciality Trainees, Foundation year Trainees and Consultant Psychiatrists.

Results. About 383 exceptions were reported between February 2017 and February 2020 by trainees in BSMHFT. Two separate surveys emailed to trainees and trainers (between December 2020 and July 2021) collected 35 responses from trainees and 22 from trainers.

80% of the trainees had not reported any exceptions in the last one year and 57.14% of the trainers never got involved in exception reporting. Main issues reported were working unsafe hours by trainees (15%), working beyond rostered hours (52.38%) trainers and (52.38%) trainers and (52.38%) trainees, failing to achieve educational goals (4.76%) trainers and (10%) trainees, impact on clinical supervision (4.76%) trainers. Reasons for failing ER "Too busy (58.06%), reporting makes no difference (29.03%), a culture to discourage exceptions (29.03%), didn't have logins (16.13%), did not know how to report (35.48%), other reasons. Time off in lieu (TOIL) was commonly reported outcome by trainees (69%) and trainers (62%). 62.07% trainees and 57.14% of trainers neither agreed nor disagreed that ER had improved the quality of training.

Trainees (43.67%) and trainers (58.82%) both did not think that TOIL had resulted in reduction in training time (never

44%). 51.74 % trainees neither agreed nor disagreed that ER made any improvement to their work life balance.

Conclusion. This is the first, mixed method, research looking at both exception reporting data and perception of trainees and trainers. Emerging themes for failure to exception report are guilt, self-blame, culture to discourage, too time consuming, busy workplace, not to offend, reflects being weak.

This research can have wider implications if applied across other trusts nationally, exploring emerging themes. Reasons for declining number of ER needs further exploring of trainees' anxiety, regarding implications and repercussions of ER, impact of TOIL on continuity of care.

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 Systematic Review of Cognitive Behavioural Therapy as a Non-Pharmacological Intervention for School Aged Children With ADHD

Dr Aoife Journeaux*

Belfast Trust, Belfast, United Kingdom *Corresponding author.

doi: 10.1192/bjo.2023.203

Aims. The aim of this poster is to illustrate a systematic review exploring Cognitive Behavioural Therapy (CBT) as a Non-Pharmacological Intervention for School Aged Children with Attention Deficit Hyperactivity Disorder (ADHD). CBT is a common behavioural intervention in several child and adolescent psychopathologies as reported by Ramsay (2010); Solanto et al. (2010); Ramsay (2012); and Lopez et al. (2018). It is recommended as a non-pharmacological intervention alongside parent training, in school-aged children with a moderate severity of ADHD symptoms (National Institute for Health Care and Excellence [NICE] 2018b). This systematic review aimed to evaluate the effects of CBT as an intervention for ADHD in school-aged children. The research objective was to assess the effects of CBT in reducing the core symptoms of ADHD.

Methods. A search strategy was developed and a search of four databases initially yielded 1100 results. The search was then limited to randomised controlled trials (RCT) which evaluated the efficacy of CBT compared with treatment as usual, no treatment, and waitlist, in school-aged children. Inclusion criteria included participants who were diagnosed by a medical professional, and participants under the age of 18 in full-time, mainstream education. Those with co-morbid autism or tic disorder and those with an intellectual disability were excluded.

Results. Six RCTs met the inclusion criteria. The age range of participants was 8–18 years. The medication status of participants varied across the included studies. A narrative synthesis of the results included assessment of methodological quality and risk of bias. Jadad scores were used alongside the Cochrane Risk of Bias Tool (RoB 2) for RCTs, to assess the quality of evidence. The studies all included different modalities of CBT intervention and a variety of measurement tools.

Conclusion. The findings support the use of CBT as a non-pharmacological intervention to reduce the severity of ADHD symptoms in adolescents. However, as there were no available studies that included children aged under 8 years, the findings cannot support the use of CBT in the reduction of severity of ADHD symptoms in this group. Methodological issues within the study designs mean the findings need to be treated with