

student motivation for a future career in which they would have a therapeutic role working with people with mental illnesses. Thirdly, student knowledge, or lack of it, around what a career in psychology or other mental health careers would entail, and the pathways to these.

Conclusion. There remains uncertainty in young people regarding what the different types of mental health practitioner roles are, and the career pathways to these. More detailed, accurate information made available to students interested in working with people with a mental illness may lead to more students considering a career in mental health nursing or medicine (and then psychiatry) as an alternative to a psychology. It is important that those aspiring to become clinical psychologists understand the qualifications required and competitive nature of this profession. Inaccurate information runs the risk of students acquiring significant university debt, only to find they are not qualified for the type of role they envisaged. A lack of accurate, high quality and timely careers information may also be depriving psychiatry and mental health nursing of enthusiastic, able and motivated students. This study adds support to the need for better careers guidance and awareness around mental health careers for school and sixth form students.

Is Cannabis Abstinence Related to Subsequent Reduced Risk of Psychosis? a Nested Retrospective Case Control Hierarchical Survival Analysis

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Aims. There is strong evidence from systematic reviews and meta-analyses that cannabis use is related to an elevated risk of developing a subsequent psychotic illness. It is less clear if the length of cannabis abstinence is related to the risk of developing a psychotic episode. We explore the relationship between length of cannabis abstinence and subsequent risk of a psychotic episode.

Methods. We included patients aged 18–64 years who presented to psychiatric services in 11 sites across Europe and Brazil with first-episode psychosis and recruited controls representative of the local populations. We excluded all patients who reported no past history of cannabis use. We carried out hierarchical survival analyses on probability weighted data to examine the relative hazards of cessation of cannabis abstinence between cases and controls. Data on cannabis abstinence were collected retrospectively by participant recollection. We controlled for ethnicity, age, length of education and history of cigarette smoking. Proportionality assumptions were verified using Kaplan Meier plots, log-log plots and scaled Schoenfeld residuals. There was some evidence of non-proportional hazards and the assumptions of proportionality were relaxed by introducing case-ness as a time varying co-variate with time specified as its natural log.

Results. We included 506 cases and 482 controls with a mean age of 30.12 years (sd = 9.97). Cases had an elevated hazard ratio of cannabis use versus cannabis abstinence in controls (HR = 6.11 [SE = 1.43; $p < 0.001$]). There was no evidence of a difference associated with ethnicity ($p = 0.198$) but there were statistically significant differences at the 5% level between age groups. Ages 23–27 had a hazard ratio of 0.528 (SE = 0.064; $p < 0.001$) versus those 18–22 years old. For ages 28–32, 33–44 and 43 to 64, the hazards ratios were 0.311, 0.110 and 0.100 (all statistically significant; $p < 0.001$) respectively.

Conclusion. Abstinence of cannabis use is related to a reduced hazard of having a subsequent psychotic episode. The magnitude of the hazards for a subsequent psychotic illness is highest in those 18–22 years old and decreases with increasing age. Cannabis cessation maintenance therapies may have greater impact if targeting younger rather than older cannabis users who are at an elevated risk of developing a psychotic illness.

An Explorative Study to Assess the Suicidal Risk Amongst Infertile Patients

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Aims. To assess the psychosocial impact of infertility amongst female infertile patients including suicidal risk/ suicidal ideation in the given study population.

Methods. A total of 300 women attending the Obstetrics and Gynecology out patients department of a tertiary hospital in Kolkata, India were selected by simple random sampling. 100 fertile women attending the routine ante natal clinic were selected as cases and 100 infertile women seeking fertility treatment were selected as controls. 100 women didn't follow up with the study. The following questionnaires were administered to both case and control group- BAI, BDI, SCL-90-R, SF-36, MINI and socio demographic proforma ; by trained clinic psychologist .

The raw scores & adjusted scores were analysed statistically by SPSS using the following tests, independent t test, chi square test and Z test.

Results. The results of the MINI scale indicate that up to 25% of the infertile cohort suffer from suicidal risk/ suicidal ideation which is statistically significant in comparison to the control group.

The other psychosocial parameters are also statistically significant in the case in comparison to the control population.

Conclusion. Although the psychosocial impact of infertility has been well researched and documented. Few studies have been conducted globally which assess suicidal risk amongst infertile patients.

Our results corroborate earlier studies such as the Danish administrative population-based registry study by Trille Kristina Kjaer et al which found a causative link between infertility and suicidal risk.

Further research is needed in this direction.

An Explorative Study to Assess the Neuropsychiatric Impact of COVID-19

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Aims. To assess the neurocognitive and psychiatric impact of SARS-CoV-2 in COVID-19 recovered patients in a district COVID hospital in West Bengal, India.

Methods. A total of 300 COVID-19 recovered patients who had suffered from SARS-CoV-2 and admitted at a district COVID hospital in West Bengal were selected by simple random sampling method. Informed consent was obtained from these patients. Subsequently a questionnaire based interview was conducted by trained clinical psychologist. The following scales were administered BDI (Depression), BAI, HAM A (Anxiety), SF 36 (Quality of Life),

SCL 90 (Psychopathology), Addenbrooks scale (Neuro Cognitive impairment), socio demographic proforma which included vaccination status, pulmonary involvement and medical interventions.

The data were analysed by SPSS and compared with matched control group and the following statistical tools were used - independent t test, spearman's rho, chi square test, linear regression analyses and z test.

Results. The results of our study do not indicate any statistically significant differences in the psychosocial parameters (depression, anxiety, psychopathology and quality of life) between case and control group.

Neurocognitive deficits not statistically significant in study population.

Delirium experienced during admission process and vascular insult such as stroke significant in case versus control group.

Conclusion. Our study indicates that COVID-19 does not have any significant psychological or neurocognitive impact.

Our study was one of the few interview based studies conducted on COVID recovered patients.

Certain studies collected data from emergency room case records / meta analysis to suggest that COVID-19 may have a psychological sequel in the long term.

Our study and similar interview based studies contradict this hypothesis.

Development of a mHealth Intervention (TechCare) for First Episode Psychosis: A Focus Group Study With Mental Health Professionals

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Aims. Research in the area of mHealth, has shown much promise in the development of mobile phone interventions which look at the assessment and treatment in real-time of psychiatric disorders. Within the context of Severe Mental Illnesses (SMI), such as psychosis, communication and understanding between health professionals and service users in the reporting of distress and reoccurrence of symptoms is essential in reducing the chances of relapse. An alternative pathway which uses mobile technology to engage with services, may hold the key to gaining a deeper understanding of the lived experiences of those with mental health difficulties, in particular experiences of recovery from SMI's. AIM: The aim of the study was to explore the perspectives and opinions of health professionals on the development and refinement of the TechCare App for psychosis. A qualitative approach was adopted for data collection, which provided an understanding of factors in relation to the development of the intervention.

Methods. A total of two focus groups were held with health professionals to elicit their views on optimising the utility of the TechCare App. The total sample size for the focus groups was n = 16 with a total of 6 males and 10 females. This qualitative study was part of a feasibility study, investigating a novel intervention (TechCare) (Husain et al., 2016; Gire et al., 2021) which monitored participants symptoms and provided a tailored psychosocial response in real-time. Data obtained from the focus

groups was transcribed. Framework analysis were used to analyse the data for emerging themes, focusing on feasibility, acceptability and further development.

Results. The key themes that emerged from the data were; access and usage of digital technologies, implications for clinical practice, challenges & barriers to delivery and development and refinement considerations for the TechCare App.

Conclusion. Results of the focus group with health professionals provided a unique perspective of conducting mHealth research within an EIS context, and the differing challenges professionals anticipated facing in delivering the TechCare App intervention. The main finding of the focus group was that professionals saw the potential for the TechCare App to increase access to digital technologies, providing service users with an alternative medium to communicate with EIS health professionals. However, the participants felt that despite mHealth Apps being a useful platform to deliver interventions, face-to-face contact should remain an important aspect of routine care.

Diabetes Care in the Psychiatric Inpatient Setting: A National Survey of Mental Health Professionals Knowledge, Attitudes and Skills

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Aims. People with Severe Mental Illness (SMI) are at increased risk of developing diabetes. There is currently a lack of monitoring and standardisation of diabetes care in the NHS psychiatric inpatient setting. This presents as a missed opportunity, as inpatient admission could be used to improve diabetes care for this population. We surveyed the multi-disciplinary teams in psychiatric inpatient units across England to develop understanding of current diabetes care in this setting.

Methods. A 13-item questionnaire was designed to assess the knowledge, attitudes and skills relating to diabetes care. This was piloted via think out loud interviews with 5 staff at a Forensic unit. Amendments were then made to the questionnaire to improve the validity prior to national roll-out.

Site coordinators working within General Adult, Old Age, Rehabilitation and Forensic inpatient services were recruited via medical education and academic links. This included 19 inpatient sites within 11 NHS Mental Health Trusts across England. Site coordinators circulated the questionnaire, primarily via electronic survey. A small number of paper responses were also collected.

Results. 156 responses were collected via the national survey (electronic = 136, paper = 20). 6 responses were excluded due to missing professional role information or roles not involving physical healthcare. Respondents included within the analysis comprised 43 Doctors, 55 Nurses and 52 Allied Healthcare Professionals.

93% of respondents agreed that addressing physical health needs was an important part of the mental health team's role, although only 28% had received physical healthcare training within the last 12 months.

68% agreed that they had adequate skills and knowledge to manage diabetes safely on the ward. 69% agreed that the diabetic care on the ward was of an acceptable standard according to National Institute for Health and Care Excellent (NICE) guidelines. This reflects a need for appropriate training and guidance to help improve this aspect of care.