

Aims. Little is known about the use of the Mental Health Act (MHA) in children and young people (CYP). There is some evidence that having a diagnosis of psychosis or substance misuse disorder, having an intellectual disability, being older and being of black ethnicity are associated with involuntary admission. However, the existing literature is limited and relies on retrospective case note review or surveys based on a small number of sites over short periods of time. We investigated the social and clinical factors associated with MHA use in CYP using electronic health records. We hypothesised that older adolescence, psychosis, more severe illness, the presence of risk to others and Black ethnicity would be associated with involuntary admission under the MHA.

Methods. Using data from the Clinical Record Interactive Search (CRIS) system for South London and the Maudsley (SLaM) services we identified 2165 CYP under 18 years, with a first admission to inpatient units between 2007 and 2021 with complete data on variables of interest; 1638 (75.7%) were voluntary patients for the duration of the admission and 527 (25.3%) had been detained under a section 2 or 3 of the MHA during the admission. We conducted univariable logistic regression to investigate the association between clinical factors (diagnosis, severity of illness, risk) and social factors (gender, age, ethnicity, deprivation) with the outcome i.e. MHA admission. We then conducted multivariable logistic regression to investigate the association between the clinical and social factors and involuntary admission.

Results. In multivariable analyses we found evidence that a diagnosis of psychosis (OR 2.63, 95% CI 1.83–3.76, $p < 0.001$), being older (age 13–15 years: OR 5.88, 95% CI 3.46–10.03, $p < 0.001$; age 16–17 years: OR 6.72, 95% CI 3.97–11.41, $p < 0.001$), having a developmental disorder (OR 1.60, 95% CI 1.04–2.47, $p = 0.033$) and being of Black ethnicity (OR 2.14, 95% CI 1.60–2.89, $p < 0.001$) were associated with involuntary admission after accounting for other factors. Being less impaired (i.e. a higher CGAS score) was associated with a lower odds of involuntary admission (moderate impairment: OR 0.56, 95% CI 0.42–0.74, $p < 0.001$; lowest impairment: OR 0.41, 95% CI 0.30–0.54, $p < 0.001$).

Conclusion. In this large cohort of child and adolescent inpatients from South East London, we found that CYP of Black ethnicity are more likely than those from White groups to have an involuntary than voluntary psychiatric hospitalisation, after adjusting for social and clinical factors relating to admission. The finding that Black CYP are more than twice as likely to experience involuntary admission is in keeping with prior literature in CYP and the adult literature. This racial inequity requires further investigation to address disparities in access to mental health care and application of the MHA.

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.

An Item-Level Systematic Review of the Presentation of Attention Deficit Hyperactivity Disorder (ADHD) in Females

Ms Annabelle Xiao Hui Lim^{1*}, Ms Tamara Williams²,
Ms Louise Horstmann², Professor Anita Thapar¹
and Dr Joanna Martin²

¹Cardiff University School of Medicine, Cardiff, United Kingdom and

²Division of Psychological Medicine & Clinical Neurosciences, Cardiff, United Kingdom

*Presenting author.

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Aims. Sex differences in the prevalence of ADHD are well reported in the literature, with childhood ADHD being diagnosed 7–8 times more frequently in males than females, despite a population sex ratio of 3–4:1. A recent consensus statement argued that ADHD is under-identified and under-diagnosed in the UK, and this is especially concerning with regards to females. This systematic review aims to investigate specific symptoms characterising the manifestation of ADHD in females compared with both males with ADHD and females without ADHD.

Methods. A systematic search of eligible studies was conducted using predefined search criteria across six databases (Ovid MEDLINE, Ovid EMBASE, Ovid APA PsycINFO, ProQuest, EBSCO ERIC and EBSCO British Education Index), in line with a registration protocol on PROSPERO. Eligible studies included those with statistical analysis comparing ADHD, impact or co-occurring mental health difficulties at the item level, which compared ADHD symptoms in both sexes, or contrasted females with and without ADHD. Studies that exclusively reported total scores without item-level statistical results were excluded. A total of 5,378 articles were identified in the search and 13 studies met the criteria for inclusion.

Results. Outcomes from 13 studies were analysed thematically. 7 studies looked at ADHD at an item level, while 7 studies explored disparities in impairment or other items. Of the eligible studies, 12 compared males and females with ADHD and 4 compared females with and without ADHD. 7 studies focussed on children with ADHD and 6 on adults. Preliminary results from 3 studies of ADHD symptoms in children indicated sex differences in hyperactive and impulsive symptoms: males were more likely to exhibit symptoms such as fidgeting and difficulty remain seated, while females exhibited higher rates of excessive talking and interrupting. Sex differences in impairment showed mixed results. Females with ADHD endorsed self-reported items related to mind-wandering and parent-reported impairment, including friendship difficulties, more than females without ADHD. Overall, the analysis of the results suggested that most studies do show some sex differences in ADHD and impairment items.

Conclusion. While current studies of individuals diagnosed with ADHD highlight important sex differences, the limited number of direct investigations and predominant focus on total symptoms underscore the need for further research. Item-level analysis of symptoms and their impact is essential in exploring how sex influences the associations between ADHD, risk factors and functional outcomes. Recognising potential sex differences is essential for improving ADHD assessment in females and later life outcomes.

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Obsessive-Compulsive Disorder and Suicidality: A Case Control Study

Dr Swapnil Yadav^{1*}, Dr V Senthil Kumar Reddi²
and Dr Jaisooriya Sekharan²

¹University Hospital of North Tees, Stockton on Tees, United Kingdom and ²National Institute of Mental Health and Neurosciences, Bangalore, India

*Presenting author.

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Aims. This study aims to explore the characteristics of the individuals who engage in suicidal behaviour.

Hypothesis:

- 1) Patients attempting suicide are more likely to have co-existing axis I or axis II disorder when compared with patients with no reported suicidal attempt.
- 2) Various OCD related domain like symptom types, symptom severity, age of onset of OCD, duration of illness and presence of other OCD spectrum disorder has higher chances of attempting suicide.
- 3) Family history of suicidal behaviour increases the risk of suicidality.

Methods. Retrospective file review of all patients registered at the OCD clinic, NIMHANS hospital, Bangalore, India between Jan 2008–Dec 2018 was undertaken. Out of 1017, 814 met the eligibility criteria. Individuals with a documented suicide attempt were compared with those without. Chi square test, unpaired t-test and Regression analysis was done to identify predictors of life-time attempt.

Results. Lifetime attempt was noted in 19.8% patients (161 out of 814). On comparison, female gender, unemployment, lower socio-economic status, severe to extreme avoidance, severe to most severe CGIs, presence of depressive disorder, history of engagement in suicidal acts, past NSSI, past suicidal ideation, younger age at onset of OCD, younger age at first OCD consultation and YBOCS at index assessment are significantly associated with higher risk of suicidal attempts. Female gender, BPL status, age at onset of OCD and presence of depressive disorder can significantly predict lifetime suicidal attempts. Out of 814 eligible patients reviewed, 32 patients i.e. 4.79% had made ≥ 1 suicide attempt after their first contact to the OCD clinic. Risk of re-attempting suicide is highest in the first three years post index visit to the OCD clinic.

Conclusion. One in five individuals with OCD attempt suicide with higher risk in female population, greater illness severity (higher baseline YBOCS scores and early age of OCD onset) and presence of comorbid depression. Importantly, risk of repeated attempt is greatest within three years of contact but no factor could determine reattempt risk. Hence, regular screening for suicidality in patients with OCD could be of utmost importance in preventing any future attempts. The findings also highlight the need for future studies that explore the neurobiological underpinnings of suicide vulnerability in OCD.

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2 Education and Training

Malawi Mental Health Guide: Overview and Evaluation of a Mental Health Quick Reference Guide and Phone App for Use in Non-specialist Settings

Dr Donncha Mullin^{1,2,3*}, Dr Kazione Kulisewa^{4,3}, Mr Owen Mwale³, Ms Rui-Shian Lee¹ and Dr Rob Stewart^{1,2,3,5}

¹University of Edinburgh, Edinburgh, United Kingdom; ²NHS Lothian, Edinburgh, United Kingdom; ³Scotland-Malawi Mental Health Education Project, Edinburgh, United Kingdom; ⁴Kamuzu University of Health Sciences, Blantyre, Malawi and ⁵Malawi Epidemiology and Intervention Unit, Lilongwe, Malawi

*Presenting author.

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Aims. In Malawi, there are three Consultant psychiatrists for a population of approximately 20 million people. We cannot rely solely on specialists to provide mental health care. We produced the Malawi Quick Guide to Mental Health (the Guide) to

improve the psychiatric health-care resources available to frontline mental health workers in Malawi, thus improving service provision to patients. We aimed to evaluate its impact on the frontline non-specialists who provide most mental health care in Malawi.

Methods. In collaboration with the Malawi Ministry of Health, the University of Malawi, St John of God Malawi, and a Malawian user group, a group of psychiatrists with experience working in Malawi co-produced the Malawi Quick Guide to Mental Health. It provides practical information for assessing and managing mental disorders in Malawi. We distributed the Guide to over 400 health centres in Malawi. Next, we converted the Guide into a freely available phone app in both Android and Apple stores.

To study its impact, we baseline surveyed frontline mental health professionals regarding their access to basic psychiatry guidelines and information in clinics, as well as their confidence in delivering mental health care. We repeated this survey six months after the distribution of the printed Guide and six months after the app launch.

Results. Baseline survey: 20 health-care professionals representing regions throughout Malawi responded. 70% of respondents were between 25–40 years old and 45% were female. All respondents either agreed or strongly agreed that they needed more support caring for mentally unwell patients. 15% had no access to any resources whatsoever to guide their care.

Printed guide survey: 95% agreed or strongly agreed that having a printed copy of the Guide increased their confidence in caring for patients. Information resource accessibility, availability and usage in mental health clinics had improved from baseline. The respondents found the Guide helped their day-to-day practice, with 95% rating it either extremely helpful or very helpful. 95% either agreed or strongly agreed that it had improved the care they provided their patients.

App survey: 66% of respondents prefer using the app over the textbook version. All agreed that the app made them more confident in caring for their patients and that their care had improved because of the app. They were all likely to recommend it to a colleague. It has now been downloaded almost 1000 times.

Conclusion. A free, co-produced mental health book and phone app have helped to address the issue of limited access to basic psychiatry guidelines and information in clinics in Malawi. This has improved clinicians' confidence and their perceived patient care.

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3 Quality Improvement

The Ten-Point Treatment Programme: Design and Evaluation of an Easy Read Document in a Forensic Learning Disability Unit

Dr Ayomipo Amiola^{1*}, Ms Holly Anna Marler¹, Ms Carly Weeks¹, Ms Vanessa Barnes¹ and Prof Regi Alexander^{1,2}

¹Hertfordshire Partnership University NHS Foundation Trust, Norwich, United Kingdom and ²University of Hertfordshire, Hatfield, United Kingdom

*Presenting author.

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Aims. There has been criticism surrounding the lack of clarity regarding treatments offered within forensic inpatient units for