

appointments was good ($n = 26;87\%$), given enough information ($n = 30;100\%$), enough privacy ($n = 28;93\%$), enough time to talk ($n = 30;$

100%), involved as much as they wanted ($n = 25;83\%$), given advice on keeping well ($n = 28;93\%$), and NHS staff were friendly and helpful ($n = 29;97\%$). No participants thought they were treated unfairly. When asked what went well, patient themes were: 1. Everything and 2. Communication (including listening and explaining). One patient stated 'Everything better, telemedicine good, heard it well, everything improved this year'. In terms of what the service could do better, there were no issues identified.

Conclusion. The Telemedicine in Addictions service was overwhelmingly highly recommended by patients. Patients recommended the service because of convenience and supportive staff. The use of telemedicine is acceptable to patients and could be considered more widely. Due to COVID-19, this technology may be beneficial access to addiction services.

Association of COVID 19 pandemic with new onset Obsessive-Compulsive Disorder (OCD) symptomology in the medical students – A cross sectional study

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Aims. Obsessive-Compulsive Disorder (OCD) is an anxiety disorder, which is the sixth largest contributor to non-fatal health loss globally. Coronavirus disease (COVID-19) pandemic, aside from its impact on physical health, has also had its effects on mental health. This study aimed to explore the frequency of new onset OCD symptomology in medical students amidst COVID-19 pandemic and its association with potential sociodemographic parameters.

Method. This cross-sectional study was conducted among medical students studying in Pakistani medical colleges. Data were collected after ethical approval from 1st January 2020 to 20th January 2020 during the second COVID-19 wave. Participants with a history of diagnosed psychiatric illness such as OCD, bipolar disorder, depression, anxiety and those taking relevant medications were excluded from the study. The online questionnaire included Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) and Revised Padua Inventory-Contamination Subscale (PI-CS), which were used to assess OCD symptoms and aversion for contamination respectively. Participants filled Y-BOCS twice, once for pre-pandemic score (based on self-recall), and a second time during 2nd wave of COVID-19. Data were analysed using IBM SPSS v23.0 (Armonk, N.Y., USA).

Result. The study included 711 participants (Males: 29.8%, Mean age: 21.59 ± 1.52 years) from over 46 medical colleges and over 44 cities of Pakistan. The mean pre-pandemic and mid-2nd wave Y-BOCS scores were 11.86 ± 6.02 and 15.61 ± 7.41 respectively. The mean PI-CS score was 17.27 ± 9.17 . Twenty five percent ($n = 176$) of students developed new onset OCD symptomology during pandemic, while seventy percent ($n = 497$) suffered from worsened Y-BOCS score during pandemic. New onset OCD symptomology was associated with age less than 20 years ($p = 0.02$), higher PI-CS score ($p = 0.001$) and studying in preclinical years ($p = 0.002$). Worsening of YBOCS score had significant association with female gender ($p = 0.02$), attending pandemic related awareness seminar ($p = 0.027$), studying in preclinical years ($p < 0.001$) and age less than 20 years ($p < 0.001$). High Padua scorers (16 and above) showed significant association with increase in YBOCS score ($p < 0.000$), age less than 20

years ($p = 0.005$), preclinical years ($p = 0.001$), frequency of engagements in pandemic related discussions ($p = 0.001$) and change in YBOCS score ($p < 0.001$).

Conclusion. Our findings indicate that the prevalence of OCD symptomology increased during the COVID-19 pandemic as demonstrated by increased Y-BOCS scores. Femal medical students and students in preclinical years are more likely to suffer from psychological impact of COVID-19 pandemic and heightened concerns and fear for contamination.

Reducing aggression and improving offending outcomes in youth with conduct disorder, results of a systematic review

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Aims. The aim of this literature review was to determine what interventions are effective in reducing aggression and offending behaviour in under 18's with conduct disorder.

Null hypothesis: There is no difference in aggression or offending behaviour in under 18's with conduct problems in spite of interventions offered

Background. Mental health services for children and adolescents who are aggressive or who have come into contact with the Youth Justice System are sparse and often under resourced. Conduct disorder (CD) is one of the most frequently diagnosed conditions in adolescents, particularly in young offenders (Kenny et al 2007). The most effective prevention programs for youth at risk of persistent delinquency has previously been found to be a multi model program focussing on the family context. However, this has not taken in to consideration the extent and prevalence of mental disorder, including conduct disorder, within the target population.

Method. A systematic literature search was undertaken on medline and psychoinfo between January and December 2018. Identified papers were then screened by two independent researchers against pre-agreed inclusion and exclusion criteria. Relevant papers were assessed for bias and results summarised.

Result. From an initial data set of 526 papers, 9 were included for review. 4 focussed on psychopharmacology (1 aripiprazole, 1 risperidone, 1 risperidone vs clozapine, 1 clozapine), 1 family centred feedback, 1 Mode Deactivation Therapy and 3 were multi modal (combinations of Mode Deactivation Therapy, Stop Now and Act Programme, CBT, Didactic sessions, 1:1 counselling). None of the multi-modal interventions were standardised or comparable to each other. End points varied from 8 weeks (aripiprazole) to 15 months (multimodal SNAP programme). Settings varied from community programmes to secure inpatient settings. Whilst one risperidone study reported it to be effective in reducing aggression, it was not significant. One SNAP (multi-modal) programme failed to show significant effect. All other 7 interventions, across various methods, demonstrated significant reductions in aggression, violence or other antisocial behaviour.

Conclusion. Few papers were identified that assessed interventions for youth with conduct disorder. The papers that were identified were significantly heterogeneous in their intervention, sample selection, methodology and outcome measures. Unfortunately, this leads to an inability to compare any interventions for this demographic. Despite the rise in Forensic Child and Adolescent Mental Health Services, there is a weak and poorly understood evidence base for supporting and managing young people with conduct disorder.

Prevalence of DSM-V mental disorders in a cohort of young adults in Ireland

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Aims. To estimate the prevalence of DSM-V mental disorders in a population of Irish emerging adults

Background. Mental disorders are the leading cause of years lived with disability in youth worldwide. Few studies use gold standard of face to face semi-structured standardized interview tools, and this is a limitation in the estimates of prevalence rates of mental disorder in the extant literature.

Method. Briefly, we recruited a representative sample of 212 adolescents and followed them up over ten years. In this wave of the adolescent brain development study, 103 of the initial 212 participants took part, 50 males and 53 females, with a mean age of 20.87 years (SD = 1.3). Psychopathology was assessed in all participants by trained research psychologists and mental health professionals using the Structured Clinical Interview for DSM-V (SCID).

Result. 52.4% of participants had one lifetime mental disorder, the prevalence rates were highest for Major Depressive Episode (25.3%), Social Anxiety (12.6%) and Generalized Anxiety (8.7%). 50.5% had a history of a mental disorder. 27.2% had 1 lifetime diagnosis, 15.5% had 2 and 7.8% had >2.

Conclusion. Rates of mental disorder rapidly increase during emerging adulthood. In a similar Irish study, 55% of young adults met the criteria for lifetime mental disorder. Whilst the rates of mental disorder are high in young people, previous longitudinal research has suggested that many common mental disorders remit by the late twenties. We suggest a need for further research investigating the comparative later functional and economic outcomes of these young people. Research to date is supportive of a need to expand capacity of youth friendly services for prevention and treatment.

Ethical Approval

Ethical approval for the study protocols, including interviews and assessments, along with informed consent documents, was granted by the Beaumont Hospital Medical Ethics Committee in 2016.

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A systematic review to evaluate the effectiveness of mental health literacy interventions implemented in schools and communities in low- and middle- income countries

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Aims. Mental health literacy campaigns have received increasing attention as a useful method of reducing the burden of mental disorders, by promoting public awareness and improving attitudes surrounding mental disorders. However, despite the wealth of research into the effectiveness of mental health literacy interventions in high-income countries, there is an absence of evaluations of these interventions in low-middle-income countries (LMICs). This systematic review aims to pool the evidence on effectiveness of these interventions in LMICs.

Method. MEDLINE(OVID), PsychInfo, Scopus and reference lists of included studies were searched. Studies that quantitatively measured the effectiveness of mental health literacy interventions amongst schools and communities in LMICs were included, regardless of study design. The included papers were not limited to a particular population demographic, ethnicity or educational level. Studies were included if conducted in LMICs according to the World Bank Classification. Each study was critically assessed according to CASP critical appraisal checklists.

Result. Ten studies met the inclusion and exclusion criteria, including 6 case series, 3 controlled before and after studies and 1 cross sectional study. Most of the studies claimed significant improvement of knowledge, attitudes and coping skills following the intervention. However, the overall the methodological quality of the studies was rated as fair to poor.

Conclusion. The review found that mental health literacy interventions may have promising effects, however the pooled evidence of the effectiveness in LMICs was inconclusive. Further research into the effectiveness of these interventions would benefit from using a RCT design, or controlled-before and after studies, with careful control of confounding variables in order to further establish effect. This study provided insights into the barriers to effective implementation of these programs and examined the contextual appropriateness of such interventions. The review provides recommendations for policy makers for the development of future interventions.

Diversion and liaison services in England and Wales for mentally disorder offenders – a narrative review

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Aims. To critically examine the development of L&D services in England and Wales and critically appraise their evidence base.

Background. High levels of morbidity across the criminal justice pathway are well established. Although the strongest evidence has emerged from prison studies, the court literature also confirms these high levels. In acknowledgment of this, there have been a range of initiatives to improve access to services for mentally ill individuals involved with the criminal justice system. Once such initiative has been the development of court liaison and diversion services (L&D).

Method. Relevant literature was identified through a search of the following databases: PubMed, EMBASE, and PsycINFO. Data were appraised and synthesised to provide a comprehensive overview of the development of L&D services and their evidence base.

Result. The provision of L&D services has increased substantially since their first introduction in England and Wales in 1989. Early L&D services were largely small-scale, unfunded local schemes, and were dependent upon the energy and interest of clinicians who chose to lead in this area. This led to geographical variations in provision and variations in L&D model delivery. The Bradley Report (2009) recommended that a national L&D model be