

Aims. COVID-19 has resurfaced health inequalities but also provides new opportunities for remote healthcare. Minority ethnic service users (SUs) are substantially under-represented in secondary mental health services due to gaps in understanding needs of this priority group. We aimed to assess and identify any differences in characteristics and acceptability, with a focus on minority ethnic mental health SUs.

Methods. A prospective, online feedback questionnaire was developed with the help of SUs. This was built into video consultations (VCs), using the secure Attend Anywhere platform through a survey link. We present results between July 2020 and January 2022, during which, a total of 2,565 SUs completed the online questionnaire after VCs. SPSS (version 27) was used for descriptive statistical analysis. Chi-squared test, using 5% level of significance, was conducted to test differences between the two (minority Vs majority ethnic) SU groups.

Results. Of 2,565 SUs, 119 (4.6%) were from minority ethnic groups (Asian British, Mixed/multiple, Black British, and Other), 2,398 (93.5%) were White British, and 48 (1.9%) preferred not to disclose. A higher percentage of SUs were females from both minority (55.6%) and White British (66.1%) ethnic groups ($\chi^2=5.476$, $p < 0.05$). By age group, almost half (48.7%) of minority ethnic SUs were less than 25 years old, compared with those from White British ethnicity (29.2%). In contrast, only 2.5% minority ethnic SUs were aged ≥ 65 years with none ≥ 80 years old (χ^2 Likelihood Ratio = 27.11, $p < 0.001$).

No significant differences were found for video technical quality, such as waiting area, joining the video call, sound, and video quality. Similar findings were observed for video care delivery aspects with no significant differences between (minority ethnic and White British) SUs. Overall, both groups felt comfortable during the video call ($\chi^2=0.137$, $p > 0.05$), their needs were met ($\chi^2=0.384$, $p > 0.05$) and felt supported ($\chi^2=0.164$, $p > 0.05$). However, according to care team, a significantly higher percentage of minority ethnic SUs (43%) had remotely consulted Specialist (Eating disorders, Well-being/IAPT) services compared with those of majority ethnicity (29%) (χ^2 Likelihood Ratio = 21.936, $p < 0.05$).

Conclusion. Both minority ethnic and White British SUs found video care to be acceptable, with positive experiences. A significantly high proportion of minority ethnic SUs was younger and had remotely consulted Specialist services, with none in the 80-plus age group. These findings highlight priority areas to address among this massively underrepresented group in mental healthcare services.

Implementation of Traffic Light System on Food Sold at Brockfield House Medium Secure Unit to Help Improve Healthy Food Options

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Aims. Public Health England published a report in 2017 on Obesity in Secure Mental Health units. A key finding of the review was that not only is obesity and overweight more prevalent in the population detained within mental health secure units (with rates

of up to 80% reported) than in the general population (around 60%), patients appear to be more at risk of weight gain when detained. The report found evidence that there is a high risk of weight gain following admission, stemming from the combined effects of incarceration, ease of access to high calorific food, and the potential lack of access to recommended levels of physical activity. This project aims to; 1. Implement a traffic light system on food and confectionaries sold at the shop at a Medium secure hospital. 2. Provide healthier food options at the shop by using the traffic light system as a visual aid 3. To achieve weight reduction and promote healthy lifestyle choices in patients admitted to our medium secure Forensic unit.

Methods.

1. Buying a new till system which is able to quantify what type of food is sold.
2. Labelling food sold using a traffic light system.
3. Calculate types of food sold following a three-month period after implementation.

Results.

1. Traffic light system provides a visual aid to patients in choosing healthier food.
2. Patients in our medium secure unit achieve a reduction in their weight.
3. Traffic light system can be replicated/ adopted by other secure hospitals.

Conclusion. The purpose of this research is to implement a traffic light system on food sold at a shop in our medium secure unit. It is hoped that by providing visual aids, patients have a means of easily identifying healthier food options. Choosing healthier food we hope will consequently result in weight reduction and overall improved lifestyle choices.

Mental Health Status of High School Students in Khartoum State, Sudan During the COVID-19 Pandemic: A Cross-Sectional Study

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Aims. This study sought to assess mental health status of high school students in Khartoum State, to evaluate the participants' adherence to COVID-19 preventive measures and to identify factors associated with commitment to COVID-19 guidelines and mental health status during the COVID-19 pandemic.

Methods. This was a descriptive, cross-sectional and institution-based study. 364 post-primary students in 10 schools were selected by multistage stratified cluster sampling. Mental health status was evaluated using the General Health Questionnaire (GHQ-12). Chi-square testing was used to identify influencing factors of mental health status and commitment to practicing COVID-19 preventive measures.

Results. A median commitment score of 2/5 was achieved. 70.8% of students in this study demonstrated low commitment (< 50%) to practicing COVID-19 preventive guidelines. Commitment to COVID-19 preventive measures was significantly associated with gender ($p = 0.047$), academic year ($p = 0.033$) and post-primary schools attended by the participants ($p < 0.001$). 36.5% of the participants' GHQ-12 scores demonstrated severe psychological distress (GHQ-12 > 20/36). A mean GHQ-12 score of 18.4 and median of 19 was achieved, indicating moderate to severe psychological distress. GHQ-12 scores were significantly

associated with incidence of COVID-19 infection among family members ($p = 0.016$).

Conclusion. Over one-third of high school students in Khartoum State demonstrated moderate to severe psychological distress as a result of the COVID-19 pandemic, which was significantly associated with first-degree family members having a confirmed COVID-19 diagnosis. Commitment to preventive measures set by the General Directorate of Global Health was significantly associated with gender and academic year. A lesser psychological impact could be achieved through timely health education, expression of confidence in professional healthcare providers and perception of sound health status, together with consistent public health campaigning.

Smartphone Addiction and Its Associated Factors Among Tehran University Students

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Aims. Smartphone addiction is a new concern due to its progressive global usage. Since this phenomenon occurs in adolescents and young people, especially in students, causing many problems in interpersonal relationships, occupational and educational performances, evaluation of smartphone addiction in this population seems to be necessary. Accordingly, this study aimed to examine the prevalence of smartphone addiction in Tehran university students for determining the risk factors associated with this issue.

Methods. This analytical cross-sectional survey was carried out on university students in Tehran between 2016–2018. A study sample of 382 students from various faculties of Tehran universities was chosen by random multi-stage cluster sampling. The participants simultaneously completed a researcher-made questionnaire on demographic characteristics and risk factors, the Smartphone Addiction Scale (SAS), and Young's Internet Addiction Test (IAT). After checking the smartphone addiction questionnaire, smartphone-addicted individuals were identified, and a comparison with the non-addicted group was performed in terms of risk factors.

In this study, the participants were given written consent forms. Questionnaires were anonymous and the information was kept confidential. This study was registered at the Ethics Committee of Shahid Beheshti University of Medical Sciences with a code of 1395,309.

Results. Our findings indicated that the frequency of smartphone addiction was 28.8%. The frequency of smartphone addiction in women (32.5%) was higher than that in men (23%) ($p = 0.04$). The highest incidence of smartphone addiction occurred in the age range of less than 20 while the lowest was found above the age of 40. ($P = 0.001$). The prevalence of smartphone addiction in the single population was 34.1% Vs 16.1% in married. ($P = 0.000$) The most prominent educational field of smartphone addicts was technical and engineering. ($P = 0.007$). Smartphone addiction was significantly more in internet service and social networking users. ($P = 0.025$) There was a significant relationship between the history of psychiatric illness and

smartphone addiction. ($P = 0.035$) The most common psychiatric diseases were found to be obsessive-compulsive disorder (41.7%), followed by anxiety disorders. (33.3%)

Conclusion. Smartphone addiction has a significant frequency among university students in Tehran, associated with access to internet services and social networking. It was more common in women, single adults, and younger ages. There was a significant relationship between the history of psychiatric illness and smartphone addiction. The highest frequency of psychiatric illnesses in the addiction group was obsessive-compulsive disorder and anxiety disorders. No relationship was found between smartphone addiction and history of substance use, as well as smoking and alcohol.

A Phenomenological Approach to Understanding the Association Between Psychosis and Violence

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Aims. Although there is an established but complex relationship between violence and psychosis, the nature of this relationship remains unclear. To date, there has been a predominant focus within group-level quantitative studies on specific types of psychopathology such as threat/control-override and command hallucinations. However, the literature has not produced a consensus on the profile of psychopathological predictors of violence. Furthermore, there is an emerging literature suggesting the predictive paradigm has limited clinical utility in the management of harm-related behaviour. In the way that phenomenological analysis has produced a fuller understanding of psychosis (that can inform improved aetiological and interventional frameworks), the authors assert that such an approach (with its focus on subjectivity) has the potential to advance our understanding of the relationship between psychosis and violence in a way that has clinical applicability. To test this assertion, it is necessary to develop a model of assessment and analysis. The aim of this paper is to develop an evidence-based model to explore the phenomenological underpinnings of violence in psychosis.

Methods. A two-stage method was followed. Firstly, drawing on existing phenomenological accounts of psychosis and approaches to understanding the subjectivity of violence perpetration, the authors developed a pilot evaluation model. This was tested and revised by applying the model to phenomenological case reports of psychosis and violence.

Results. The findings so far demonstrate that as well as the role of circumscribed psychopathology on the likelihood of violence, other experiences within the psychotic spectrum such as operative hyperreflexivity and disturbances of ipseity play an important role. Additionally, feelings of disconnectedness and loss of recognising others as real combined with impaired theory of mind can lead to loss of normal inhibitory processes and violent behaviour. In keeping with a recent shift in focus from strict diagnostic criteria to individual psychotic phenomena, existential analysis can be applied to explore changes in self-identity and sense of belonging in the world to develop our understanding of the association between psychosis and violence.