

reports specially CT scan of brain. Psychiatric assessment was done using General Health Questionnaire (GHQ12) as screening tool. All GHQ12 positive cases were evaluated using mental state examination and recorded in a MSE sheet. Diagnosis of psychiatric disorders of all respondents was confirmed by psychiatrist according to DSM-5 criteria.

Results. The patients with ischaemic stroke and control subjects were similar in age [57.6 (SD ± 5.5) years vs 57.1 (SD ± 4.5) years; $p > 0.130$] and sex [48 (72.7%) male and 18 (27.3%) female vs 45 (68.2%) male and 21 (31.8%) female; $p = 0.567$]. Comorbid psychiatric disorder was found in 23 (34.8%) patients of ischaemic stroke and 9 (13.6%) control subjects. The comorbid psychiatric disorder was significantly higher in patients of ischaemic stroke than that of control subjects ($p = 0.004$). Comorbid specific psychiatric disorders were generalized anxiety disorder in 9 (13.6%) and major depressive disorder in 14 (21.2%) in stroke group; while comorbid specific psychiatric disorders were generalized anxiety disorder in 2 (3.0%) and major depressive disorder in 7 (10.6%) respondents in control group ($p < 0.013$).

Conclusion. Comorbid psychiatric disorders are quite common among patients with first ever ischaemic stroke in the form of major depressive disorder and generalized anxiety disorder. Therefore, attention should be paid to the anxiety and depressive symptoms in stroke units and try to relieve the patients' emotional stress and personal suffering, which could improve their neurological outcome.

Service User Involvement in Recovery-Oriented Care Planning: A Realist Synthesis

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Aims. Service user involvement (SUI) in recovery-oriented care planning (ROCP) warrants more sophisticated theorisation and explanation to support practice improvement. This study investigated which changes to practice work best, in what circumstances, and to what extent, to embed an active role for service users' involvement in ROCP during the acute inpatient mental health care pathway.

Methods. A realist synthesis, combined with qualitative methods, was conducted to theoretically explore the causal mechanisms that underlie SUI in ROCP and how contextual factors influence the link between these causal mechanisms and outcomes. The study was conducted in three stages: theory-gleaning, theory-refinement and theory-consolidation. Initial programme theories were developed in the theory-gleaning stage. Theories were refined iteratively in the theory-refinement stage, using evidence from a realist review and interview data. With stakeholder involvement, refined programme theories were finely tuned using 'if-then' statements in the consolidation stage.

Results. Five programme theories relating to the acute care pathway were identified following the realist synthesis:

- 1) **'Provider-controlled care transition'** (admission to acute inpatient mental health units), referring to limitations to service users' active involvement. The focus of care and access to acute inpatients units should be needs-led, rather than resource-led or demand-driven;
- 2) **'Care plan as a recovery tool?'** – addressing infrastructural and organisational limitations to active SUI in care-plan formulation. The use of multidisciplinary meetings as a forum

for care-plan formulation can create a cohesive approach and facilitate shared ownership;

- 3) **'Ward rounds as a non-inclusive arena for shared decision making'**, highlighting their unfulfilled potential for shared decision making about treatment. Professionals should focus on preparing service users for the ward-round process. Opportunities and access for service users to build therapeutic relationships with treating doctors are vital components;
- 4) **'Peer support worker intervention'** as a key factor in service users' recovery', concerning their positive impact. Their presence in ward rounds and care-planning meetings might create a more user-friendly atmosphere for service users; and
- 5) **'Provider-controlled care transition'** (discharge from acute inpatient mental health units), increasing focus on preparing service users for transition into the community, and constraints on resources should not dictate or anticipate decisions on discharging service users.

Conclusion. The study identified practices required to embed an active role for service users to be involved in ROCP, namely multi-contextual interventions at various levels (macro, meso and micro) of the mental health system. The study uncovered barriers that restrain SUI in ROCP, impacting desirable outcomes.

Investigating the Role of Ethnicity and Religion or Spirituality on the Risk of Self-Harm in Children and Adolescents: A Systematic Literature Review

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Aims. Around the world rates of self-harm vary, placing immense strain on health services. Approximately 20% of children and adolescents are thought to engage in self-harm. The systematic review aims to explore the characteristics, risks and protective factors of ethnicity and religion on self-harm in comparison to the general population. Better identification of risk factors can help professionals and local authorities develop intervention programs to mitigate the incidence of self-harm.

Methods. The Population, Exposure, Outcome, Study design and setting (PEOS) was used as a framework to formulate the question for this systematic review. A literature search was conducted using EMBASE, MEDLINE and APA PsycInfo databases and all English articles published between 2010 and 2020 were screened against the inclusion and exclusion criteria.

Results. Fourteen studies which met the criteria were identified and appraised using the Joanna Briggs Institute (JBI) critical appraisal checklist.

Unintentional injuries, sexual behaviours, adverse childhood experiences, health status and poverty alongside racial discrimination were associated with self-harm and or suicidal ideation in ethnically diverse populations. In African Americans, Hispanics and Whites, violence or physical altercation, illicit substance misuse, sadness and hopelessness increased the risk of self-harm and or suicidal ideation. The association of subtle forms of discrimination and suicidal ideation was noted to be statistically significant for African Americans, whereas for Latinx this was only marginally increased. Low mood and hopelessness in African American girls, substance misuse in American Indian youths, and aggression in the Caribbean cohort were also noted to present with increased self harm.

Adolescent's religiosity and parental monitoring had both a direct and an indirect role for suicidal ideation reduction.