

previous evidence. In addition, these findings suggest that the positive relationship between adiposity and depression is independent of lifestyle factors and disease conditions and is stronger in females. Targeted interventions for reducing depression should include better weight management population-level measures, particularly in the female population.

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Healthcare Practitioners' Views on Management Practices of Self-Harm in Older Adults: A Qualitative Study Conducted in Ireland

Dr Caoimhe Lonergan^{1,2*} and Dr M. Isabela Troya^{3,4}

¹Department of Psychiatry and Neurobehavioural Science, University College Cork, Cork, Ireland; ²South Lee Mental Health Services, Cork University Hospital, Cork, Ireland; ³National Suicide Research Foundation, University College Cork, Cork, Ireland and ⁴School of Public Health, College of Medicine and Health, University College Cork, Cork, Ireland

*Presenting author.

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Aims. To explore the views of healthcare practitioners from diverse clinical settings on management practices when supporting older adults with self-harm behaviour.

Methods. Semi-structured interviews were conducted with healthcare practitioners with previous experience supporting older adults who self-harm, including consultant psychiatrists, general practitioners, clinical psychologists, psychotherapists, clinical nurse specialists and social workers. Purposive sampling was used to recruit participants in the Republic of Ireland to ensure a varied representation of location and clinical area. Healthcare practitioners were recruited by advertising the study via professional and clinical research networks, social media and snowballing methods. Interviews were audio-recorded and transcribed verbatim. Transcripts were uploaded to QSR NVivo Software Version 12 to facilitate analysis. Themes were identified in the data using the steps of thematic analysis which involve data familiarization, coding, theme development and revision.

Results. Interviews were conducted with 20 healthcare practitioners from April to July 2023. Healthcare practitioners offered diverse perspectives across general practice, community mental health services, liaison psychiatry, emergency department settings and inpatient mental health units. Three main themes were generated:

1. Supporting older adults after self-harm: complex and challenging.
2. Multiple barriers to the management of self-harm: i) strained resources and unclear referral pathways, ii) limited awareness/health promotion, iii) unsuitable environments, iv) stigma and shame, and v) complexity of self-harm.
3. Risk assessment in older adults: increased risk and the importance of safety planning.

Relevant quotes from participants are provided to support these themes.

Conclusion. Healthcare practitioners viewed self-harm in older adults as complex, challenging and associated with high suicide risk. Increased mental health promotion and awareness of mental health and suicidal behaviour in this age group would help address current stigma and shame. Primary care was identified as a sector that older adults often access and where prevention, identification and support can be offered, with more complex

cases being promptly referred to more specialist services. Several supports and therapies that could help older adults were identified; however, due to the limited availability of services, supports were often restricted due to cut-off age criteria or disparity of care at a national level. Provision of care needs to be improved upon, with standardised supports still needing to be implemented across the country. Future research can address the perspectives of older adults on how they would prefer to be supported for their self-harm.

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Point-of-Care Blood Testing in Severe Mental Illness: A Mixed-Methods Evaluation

Dr Monty Lyman^{1*}, Dr Jack Fanshawe¹, Dr Josh Brewin², Dr Thomas Fanshawe² and Dr Philip Turner²

¹Department of Psychiatry, University of Oxford, Oxford, United Kingdom and ²Nuffield Department of Primary Care Health Sciences, Oxford, United Kingdom

*Presenting author.

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Aims. There is a significant mortality gap between the general population and people with SMI. This is especially prominent in those with psychotic disorders, underpinned by an increased risk of cardiometabolic disease. Identifying patients at risk early in their psychotic disorder is of key importance to reduce this mortality gap. Despite the recognised importance of regular physical health assessments in this group, completion rates are sub-optimal. Point-of-care testing (POCT) to screen for diabetes and hyperlipidaemia, providing a result from a fingerprick sample in under 10 minutes presents a potential solution to enhance delivery of physical health checks and improve health outcomes in a proactive manner.

We introduced POCT across EIP teams in Southeast of England and evaluated the impact on physical health check completion rates and the quality of clinician-patient interactions in EIP teams.

Methods. A stepped wedge study was performed, introducing Abbot Afinion-2 machines across 30 EIP teams in all eight Mental Health Trusts in South East England (2021–2022). Numbers of completed physical health checks, and HbA1c and lipids blood tests completed in six months before and six months after introduction of POCT were collected from individual patients. Data were compared with those from the South West, which acted as a control region. Data were analysed from National Clinical Audit of Psychosis (NCAP) over comparable date range (2021–2022) to corroborate the findings. Clinician questionnaires were administered at three timepoints (after training, two-months, and eight-months), capturing training experiences, device usability and impacts on patient interactions.

Results. In Southeast England, the rate and quality of physical health checks increased after introduction of POCT HbA1c testing OR 2.02 (95% CI 1.17 to 3.49), lipids 2.38 (1.43 to 3.97), and total completed health checks 3.61 (1.94 to 7.94). These increases were not seen in the Southwest region that did not introduce the machines. A post-hoc review of national audit data also showed a greater improvement of health checks in the intervention group compared with the comparator group over an overlapping timescale. Findings from the questionnaires