

as perceived by traditional and faith-based healers in Korail slum. We attempted to unravel the nuanced approaches the healers use to distinguish spiritual afflictions from psychiatric conditions and to explore potential collaborations between traditional healing practices and biomedical mental health services as a part of TRANSFORM Research.

Methods. Adopting an ethnographic and participatory approach, this study engaged in a comprehensive qualitative exploration involving community engagement meetings, 45 key informant interviews, 8 naturalistic interviews with 56 participants, year-long observations of the community and healing practices, 5 co-designing workshops with 46 participants, and 2 pilot training programmes from 2021 to January 2024. We discussed with the traditional and faith-based healers, community health workers, medicine sellers, person with lived experience and their caregivers. The continuous discussion and observation of the community help us to develop a trusted relation and explore the healing practices in the korail slum. Data collected from interviews and workshops were meticulously transcribed and analysed using NVivo software to uncover underlying patterns and distinctions made by traditional and faith-based healers in diagnosing Jinn Possession versus serious mental disorders.

Results. We found a stepwise diagnostic framework utilized by healers, initially categorising conditions based on the symptom's onset and presentation. Sudden and rapid symptoms onset, especially during specific times of the day, was often attributed to Jinn Possession. Specific symptoms such as sudden onset convulsions, disorganised speech and self-laughing further supported this distinction. Moreover, they used traditional diagnostic tests, including the use of holy water and recitation of the Quran, if the patient improves immediately following these interventions was considered as confirmation of Jinn Possession. We observed a few of the healers refer cases perceived as non-spiritual to biomedical facilities when they confirmed it was not the case of Jinn Possession, indicating a potential for collaborative mental health-care models

Conclusion. This cultural understanding offers a unique perspective on community-based mental health care in Bangladesh, emphasising the importance of integrating traditional and biomedical approaches to foster a more inclusive and culturally sensitive mental health-care ecosystem.

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Acute Cardiac Care for People With Severe Mental Illness Following a Myocardial Infarction Among People With a Severe Mental Illness: A Qualitative Study

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Aims. To understand the challenges and barriers experienced by health-care professionals (HCPs) in providing acute cardiac care to patients with severe mental illness (SMI) (schizophrenia, bipolar disorder or severe depression) admitted to hospital following a myocardial infarction (MI).

Methods. Semi-structured 1:1 videocall interviews with 12 HCPs in two central-Scotland Health Boards involved in delivering

pre-/hospital acute care for a MI (paramedics, cardiology/A&E nurses, cardiology/A&E doctors). Interviewee recruitment was via clinical and research networks and newsletters e.g. the Scottish Ambulance Service, the Royal College of Nursing and Royal College of Physicians and through professional connections. Interviews were audio-recorded, transcribed verbatim and analysed thematically drawing on Braun & Clarke and using NVivo software.

Results. HCPs identified a number of challenges/barriers to providing optimal post-MI acute cardiac care to patients with a SMI across 3 key themes: patient-related; practitioner-related and system/environment-related. Core patient-related challenges/barriers included: diminished patient history capacities especially relating to chronology; the time-consuming nature of effective HCP-patient communication and engagement; medication and intervention concordance concerns and challenging patient behaviour including physical and verbal aggression or severe distress.

Practitioner-related challenges/barriers were: fears of appropriately managing patient behaviour; stigma towards patients with a SMI (putatively arising from knowledge deficits or generational/age-related effects); staff burnout due to length of service and pressures from extreme workloads.

Systemic issues included insufficient staffing precluding the additional time required for effective communication and the distressing nature of hospital environments for patients with a SMI. Side rooms were not routinely available even though these were identified as improving the environment for some patients. A core systemic finding, cited by all interviewees, was the lack of adequate training provision on caring for patients with a SMI. Additional system-level findings were degrees of challenges accessing input from the hospital psychiatric team especially outwith standard hours and problems obtaining rarer psychiatric medications potentially impacting patients' mental health stability.

Positive findings included that HCPs are generally enthusiastic about providing high quality care to this patient group and to seek help with this. Some HCPs indicated that caring for mentally stable patients with a SMI does not differ from the general population.

Conclusion. Although HCPs aspired to providing optimal acute cardiac care for this patient group, patient-level, professional and systemic barriers often make this challenging. A key area for improvement is enhancing staff training in caring for patients with SMI, ideally delivered in-person.

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The Social and Clinical Factors Associated With Mental Health Act (MHA) Use Among Children and Adolescent Inpatients: A Cohort Study Using Electronic Health Records

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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.

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

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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

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