

fathers where feelings of helplessness and marginalisation are common. Prevalence of paternal PMI is thought to be 10–16%, with higher risk demonstrated when their partner too experiences PMI. The importance of this topic was highlighted in the NHS long term plan, which recognised the disparity in service provision between males and females and the need to address this. Aim: To conduct a systematic review to establish the knowledge, beliefs, and experiences of males with PMI and whose partners had PMI, and to understand the barriers associated with help-seeking for paternal PMI.

Methods. Five databases including EMBASE, Web of Science, Ovid MEDLINE, Scopus and PsycINFO were searched for qualitative studies investigating the experiences of males affected by PMI personally or through their partner's illness. The research question and inclusion criteria were determined using the PICOSS (population, intervention, comparison, outcome, setting, study design) method. 11 studies met criteria for inclusion and were appraised for quality using the Critical Appraisal Skills Programme and Joanna Briggs Institute Qualitative checklists. Evidence was synthesised using thematic analysis and study quality and risk of bias were assessed using the Assessing the Methodological Quality of Systematic Reviews (AMSTAR 2) checklist and Risk of Bias in Systematic Reviews (ROBIS) too.

Results. 5 main themes and 17 sub-themes were identified, and demonstrated lack of knowledge and preparation for fatherhood, and distress and isolation experienced by males with PMI. Males were reluctant to seek help, and factors including stigma and lack of awareness regarding PMI and available support services were identified as barriers. The option to remain anonymous, flexibility of appointments and an emphasis on peer support were considered facilitators to engagement.

Conclusion. Unhelpful and potentially damaging stereotypes regarding masculinity and PMI still exist, prohibit help-seeking for PMI and promote the marginalisation of males in perinatal settings. Support for males with PMI is warranted but lacking, and effective communication and education regarding paternal PMI for both professionals and the public is needed to allow successful expansion of services to include males.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Medical Students' Perceptions of Factors Associated With Their Mental Health and Psychological Well-being

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Aims. In light of growing evidence suggesting that medical students are particularly susceptible to stress and ill health, the need to enhance their psychological well-being has been highlighted as a priority concern in medical education and policy. However, only a few studies have comprehensively addressed both positive and negative contributors to medical students' psychological well-being. Therefore, this study aims to provide a more holistic understanding of medical students' psychological well-being, the coping strategies they use and any barriers they

face in seeking support, as well as outline potential areas of improvement within provisional well-being support.

Methods. This qualitative study involves semi-structured interviews with 25 medical students to gain in-depth insight into their experiences and perspectives on the factors influencing their psychological well-being during their medical training. The interviews were transcribed and analysed using thematic analysis.

Results. The study's results revealed that positive and negative factors influence medical students' psychological well-being. Positive factors such as study-life balance, academic achievement, meaningful relationships with staff and peers and time spent with close friends or family positively influenced students' psychological well-being; while adverse educational, organisational and cultural factors negatively impacted students' well-being. Additionally, COVID-19 had negatively affected students' academic, personal and social lives. Medical students mainly used active coping strategies, including planning, acceptance, positive reframing, and seeking support. However, some students reported facing barriers in seeking support, such as fear of stigma, lack of time/support, confidentiality concerns, and difficulty in accessing support. At the same time, there was an expressed need to improve well-being services or resource provision. Students have recommended various solutions to improve mental health support in schools, including addressing cultural and organisational changes within schools, increasing access to resources, reducing the stigma surrounding mental health, and promoting positive factors that support psychological well-being.

Conclusion. The findings highlight the importance of adopting a holistic approach that considers a variety of contributing factors affecting positively as well as negatively medical students' well-being. It also highlights the need to provide a supportive and nurturing environment in medical schools and offer appropriate support and resources to help students cope with the stress and challenges of medical training.

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Weight Change Following Diagnosis With Psychosis: A 25 Year Perspective in Greater Manchester, UK

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Aims. Weight gain in the months/years after diagnosis/treatment severe enduring mental illness (SMI) is a major predictor of future diabetes, dysmetabolic profile and increased cardiometabolic risk in people treated with antipsychotic agents. There is limited data on the longer term profile of weight change in people with a history of SMI and how this may differ between individuals. We here report a 25-year perspective on weight change post-SMI diagnosis in Greater Manchester UK, an ethnically and culturally diverse community, with particular focus on a history of psychosis vs bipolar affective disorder.

Methods. We undertook an anonymised search in the Greater Manchester Care Record (GMCR). We reviewed the health