

studies from no earliest date to December 2020 were included; adult patients with a severe and enduring mental illness prescribed antipsychotic medication were included. Clinician diagnosis, structured interview diagnosis, and interviewer or self-completion questionnaires were used to measure prevalence. The study designs included were experimental designs, cohort study, cross-sectional survey and administrative databases. Exclusion criteria being those with traumatic brain injury, psychosis secondary to autoimmune, iatrogenic, chromosomal or metabolic disorder, those with Learning disability or Autistic Spectrum disorders. studies with majority of participants <18yrs. Those who were on other antipsychotic medications in addition to Aripiprazole, were excluded. To ensure quality assurance, we used ROBINS-I tool and GRADE assessment to measure the risk of bias.

**Result.** 240 records were retrieved, 187 after duplicates were removed. 8 full text articles were assessed for eligibility, of which 4 were included in the qualitative synthesis. 2 studies were analyses of spontaneous adverse drug reaction reporting systems and 2 of health insurance claims databases. All 4 studies found aripiprazole to be associated with greater risk of impulse control disorders. The single study which compared directly with other antipsychotics had a much smaller effect size. Study heterogeneity precluded meta-analysis. All studies were at high risk of bias. The quality of evidence is very low.

**Conclusion.** The available evidence is consistent with the existing warnings regarding increased risk of impulse control disorders in patients prescribed aripiprazole. Clinicians may wish to monitor for this adverse drug reaction. Further research which can account for potential confounders, examines specific impulse control disorders and which is less susceptible to detection and ascertainment biases is required.

### Evaluating patients and healthcare professionals' understanding of voting rights for patients in government elections

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**Aims.** To understand whether mental health patients vote in government elections

To ascertain the barriers that prevent them from doing so

To explore ways in which mental health services can support patients to vote

To determine whether mental health staff are aware of patients' right to vote

**Background.** Members of Parliament (MPs) can influence decisions regarding the National Health Service (NHS) and mental health legislation. The general election on 12th December 2019 highlighted that many patients were not using their democratic right to vote. It also appeared that many staff members were not aware that patients under the Mental Health Act (MHA) were entitled to vote (except for those under 'forensic' sections of the MHA). We therefore conducted a survey to ascertain both patient and staff understanding of their democratic rights and to better understand how we could increase the rate of voting amongst psychiatric patients.

**Method.** Two questionnaires were produced, one for patients and the other for staff members. This was tested by the clinical governance team before approval was granted. Data were collected at the Coventry and Warwickshire Partnership NHS Trust in

the form of paper forms or electronically through a survey website. Forty-two patients and twenty-five staff members responded. **Result.** No staff members had received formal training with regards to patients' right to vote. Over half of staff members incorrectly believed that patients under Section 2 or 3 of the MHA and those lacking capacity couldn't vote. More than half of the team members surveyed stated that they had not supported patients in registering or casting a vote. Roughly one third of healthcare professionals felt that it was their responsibility to promote patients' right to vote, with one third disagreeing and the remaining third unsure.

Over 75% of patients did not vote but less than one quarter of all patients surveyed felt support from mental health services would increase the likelihood of them voting. The main barriers to voting were being mentally unwell, hospital admission or a lack of knowledge on the candidates and election process.

**Conclusion.** Basic training is required to improve staff knowledge of patients' voting rights, which should help improve their ability to support patients to vote. Trusts should have a clear protocol in place in the event of future elections, with information on who can vote, how to request a postal vote and the candidates in that area.

### A literature review of whether communication skills specific to psychiatry are being taught to medical undergraduates around the world

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**Aims.** The ability to communicate effectively is an imperative skill for clinicians to master as doctor-patient communication is one of the most essential dynamics in health care. Patients with a mental disorder present a unique challenge for doctors with regards to effective communication due to the nature of their illness.

This literature review aimed to determine whether medical undergraduates around the world are taught psychiatric communication skills.

**Method.** In January 2021, the following electronic databases were searched for articles relating to medical undergraduates, the concept of psychiatric communication skills and the teaching and support of such skill development: ERIC, MEDLINE, PsycINFO, SAGE and Web of Science. Combinations of keywords focussed the content of papers and truncation obtained alternative word endings. Generated articles were appraised iteratively for suitability against pre-defined inclusion criteria. The bibliographies of eligible articles were then examined to capture any further relevant studies. Ethical approval was not required.

**Result.** 1040 citations of potential relevance were initially identified. Following an iterative screening process, 10 articles (from seven different countries) were eligible for inclusion. 70% of papers used the modality of simulated patients to teach psychiatric communication skills and Technology Enhanced Learning (TEL) was used to create "virtual patients" for undergraduates to engage with. Discussing sensitive and emotive topics, such as suicide attempts or substance misuse, was less commonly taught compared to conditions such as anxiety and depression. Only 10% of papers explicitly taught medical undergraduates empathy or written communication skills and the importance placed on psychiatric teaching differed between countries.