

Religious importance and attendance at religious services by offspring and parents decreased self-harm in female adolescents more than males.

There was a wide heterogeneity in the population and factors reviewed in the different studies, hence pooling of data for meta-analysis of the quantitative studies was not appropriate to estimate prevalence or association between factors and characteristics of the population.

**Conclusion.** This narrative synthesis provides evidence that minority ethnic groups have unique factors, which can increase the rate of self-harm. Religion or spirituality favours a protective role in self-harm or suicide but not for suicidal ideation, although there were only a limited number of articles exploring this.

Future studies should focus on defining the ethnic groups further and exploring this and religious factors on a wider scale using standardised parameters.

### “The Stress of the Situation”: How Do Compounding Experiences of Oppression Impact Emotional Distress Among a Diverse Sample of Internally Displaced People in Colombia?

Dr Rachel Kerrigan<sup>1\*</sup>, Dr Rochelle Burgess<sup>1</sup> and Ms Laura Fonseca<sup>2</sup>

<sup>1</sup>Institute of Global Health, University College London, London, United Kingdom and <sup>2</sup>Universidad de La Sabana, Chia, Colombia  
\*Presenting author.

doi: 10.1192/bjo.2022.204

**Aims.** Addressing the mental health needs of Internally Displaced People (IDPs) in Colombia has been identified as a public health priority. Women and disabled IDPs are recognised as under-researched populations, with differences in vulnerabilities to displacement and resettlement prospects. This thematic network analysis employs an intersectional approach to consider *how* compounding experiences of oppression impact emotional distress among IDPs to enable informed and appropriate service provision. **Methods.** This is a qualitative analysis of a subset of data collected by the second author and her research team in 2017–18, as part of a larger action research project. Participants were randomly selected from the Victim’s register in an industrialised municipality of Colombia. A subsample (n = 20) were invited to participate in life and family histories. Units of analysis were individual (n = 11) and family interviews (n = 9), with a mixture of self-identifying disabled and non-disabled men and women. River and tree of life tools were used to elicit culturally sensitive discussion of significant life events and ongoing distress. NVivo software and hand coding techniques were used to operationalise thematic webs. The analysis employed a grounded approach to thematic network analysis.

**Results.** Three global themes, each underpinned by several organisational themes, were developed. The first, *Environments and contexts of displacement*, considers the loss of land and community alongside the myriad of social institutions, legal entitlements, family circumstances, cultural expectations and stigma influencing participants’ access to resources. The second, *Making sense of it all*, represents the emotional and cognitive responses to perceived injustices and eroded trust. The third, *Mechanisms for managing distress*, represents strategies employed by IDPs at individual and family levels. Relationships between employment status and gendered divisions of labour were noted, suggesting that non-disabled women were able to meet increased domestic and paid work demands following displacement, though this

was a considerable source of stress. Concepts around racial, indigenous and class identities were alluded to by several participants but could not be fully developed due to relative scarcity of accounts within the dataset.

**Conclusion.** The thematic networks presented illustrate several compounding and interrelated oppressions faced by IDPs, offering explanation as to how this produces and sustains emotional distress. Participants’ well-founded worries about economic security and childcare alongside concerns for safety and acceptance in host communities require co-ordinated, locally informed responses. Prevention and recovery programmes should consider interventions at a family level, whilst strengthening participants’ self-developed strategies for managing distress.

### Afghanistan and the Global Heroin Trade

Dr Eamonn Kinally\*

Royal Glamorgan Hospital, Llantrissant, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2022.205

**Aims.** In 2020, Afghanistan supplied around 85% of the world’s heroin. The recent Taliban takeover and political upheaval seems highly likely to impact the supply chain, but how? This literature review aims to explore the background of heroin production and possible consequences of the recent conflict, both for suppliers and for end users.

**Methods.** In addition to recent mainstream media news articles on the Afghanistan conflict, PubMed search terms “heroin adulteration” were used to find 202 results. Only results published from the year 2000 onwards were examined for relevance, leaving 160 results. These were reviewed for relevance and led to suggestions of similar PubMed articles to arrive at the final 23 sources used.

**Results.** Studies of previous heroin shortages in Australia and the UK are discussed to gain insight into the potential effects of a future shortage. A reduction in heroin exports from Afghanistan would cut down the supply to most nations excluding North and South America. Sources of evidence for our current understanding of the supply chain are examined. Specific US and UK policy failure which led to the current situation is also provided for context.

Methods of production in Afghanistan and smuggling routes are also examined to help predict impending changes.

**Conclusion.** Given the number of factors involved it is difficult to anticipate with much certainty how the Taliban takeover of Afghanistan will affect the global heroin trade, but based on the available literature it seems more likely that this will cause shortages rather than an increased supply.

Clinicians should be aware that in line with previous shortages, this may cause a shift towards increased rates of polysubstance use in regular heroin users. We may also see a rise in incidents of harm from heroin adulteration with substances other than the currently widespread paracetamol and caffeine.

### Insight to Psychological Aspects of Cancer

Mr Ashkar Ali Kunhikkandy\*

Zaporozhye State Medical University, Zaporizhyia, Ukraine. IGNOU, Delhi, India

\*Presenting author.

doi: 10.1192/bjo.2022.206

**Aims.** The baseline of this study

- 1) What is the type of psychiatric disturbances in oncology settings?
- 2) Is there any importance in cancer education?
- 3) How to manage psychiatric disturbances?

**Methods.** As of lockdown concerning COVID-19, this study is conducted online among 20 cancer patients. This is a cross-sectional study where Each patient has explained the purpose of the study, procedures, and consent was taken from patients then a questionnaire was given, and this was assessed. Among the profile of the study population, 50% were males and 50% were females of the total study population, 60% were married and 40% were unmarried, Participants were aged between 22 and 63 years. The study population also consists of 20% are breast cancer, 25% lung cancer, 10% lung cancer, and the rest are other types of cancers. Patient details are collected from the Facebook groups for cancer patients. Assessment has 2 parts, one is based on CES-D Test where each individual was each patient answered 20 question and next part is based on 5 questions regarding Financial Depression, Behavioral changes, Feelings, Education about cancer and Psychiatric support.

**Results.** It is found that 60% population are normal, 25% had mild Depression, 10% have moderate Depression followed by 5% with severe depression.

Among associations between marital status and various disorders, it was found that psychological disturbances are 2 times fold more in married people while compared to unmarried. There is also an association between treatment modalities are observed, in that anxiety is prevalent with people who had chemotherapy. Based on education and financial status, those who are with less education about cancer and less financially stable have also prominent disturbances.

**Conclusion.** The study was based on other research study related to the spectrum of psychological disturbance based on treatment stage, financial status, awareness of cancer among patients, and role of marital status among individuals Offering mental health services to patients with cancer is becoming an integral part of oncologic treatments because psychological problems harm cancer management. The most common psychiatric disorders in cancer patients are depression, anxiety disorders, and adjustment disorders. Psychiatrists should be involved in the multidisciplinary treatment team that works with cancer patients. Further research is needed to determine the effectiveness of different psychological and psychopharmacological interventions in psycho-oncology and palliative medicine

### Journey From Acute In-Patient to Community-Based Mental Health Rehabilitation: Outcome of Ayu-Psychiatry Care Initiative

Dr Neha Sharma<sup>1</sup>, Dr Maël Voegeli<sup>2</sup>, Dr Venkata Joshi<sup>1,3</sup> and Dr Skanthesh Lakshmanan<sup>1,4\*</sup>

<sup>1</sup>Aarogyam (UK) CIC, Leicester, United Kingdom; <sup>2</sup>VP Research Foundation, Coimbatore, India; <sup>3</sup>Croydon Ayurveda Centre, London, United Kingdom and <sup>4</sup>NMP Medical Research Institute, Jaipur, India  
\*Presenting author.

doi: 10.1192/bjo.2022.207

**Aims.** In developing countries specially in sub-urban or rural areas, most patients with psychiatric crisis phase don't access intensive care. In India, AYUSH system of medical care is widely used, including crisis resolution and community treatment. However, evidence to support their effectiveness has remained

very low. Present study is designed as community based participatory research, where Ayurveda management from acute in-patient care to a community-focused treatment and rehabilitation was studied.

**Methods.** In this evaluation study, we trace the journey of Ayu-Psychiatry Care project, set up as community based mental health rehabilitation program in rural and sub-urban areas of Rajasthan, India, from acute in-patient care to a community-focused treatment and rehabilitation.

**Results.** While receiving Ayu-Care and promoting early treatment and rehabilitation, community-based treatment demonstrated considerable improvement in maintaining family relationships and employment. Increased treatment adherence, improved self-efficacy, and reduced stigma were all made possible because to this community-based strategy.

**Conclusion.** The connection between UK and Indian organisations is also explored during the journey. The findings of the study and the principles of long-term international cooperation are laid out by the authors.

### Psychosis and the Dissonance in the Doctor-Patient Relationship; a Thematic Analysis

Miss Aimee Lawton\*

The University of Edinburgh, Edinburgh, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2022.208

**Aims.** Within psychiatry, relationships between doctors and patients with psychosis are significant determinants of attitudes, adherence, and therapeutic outcomes. Current research focuses on communication within psychiatrist-patient interactions with limited evaluation of the patient's perspective. Understanding the components underpinning the patient's relationship with their doctor could help improve outcomes for individuals with psychosis.

**Methods.** Eight participants, recruited through advocacy programmes, were interviewed. All had a diagnosis of psychosis or its subtypes. Interviews lasted between forty and eighty minutes. Thematic analysis of semi-structured interviews allowed exploration of important themes within doctor-patient relationships. Ethical procedures were implemented in accordance with British Psychological Society guidelines.

**Results.** Participants' narratives identified three salient themes perceived to influence doctor-patient relationships. Participants explored 'Interactions with Medical Professionals', focusing on communication and discussion styles. Doctors were not perceived as empathic, open listeners, reducing trust and limiting conversation during interactions. Participants described reduced engagement due to perceived misunderstanding and highlighted the impact of time constraints, guidelines, and limited medical training on relationships.

Secondly, participants discussed the 'Diagnostic Process', suggesting it had a negative influence on the relationship due to delivery methods.

Finally, participants explored 'Treatment', highlighting an overwhelming reliance on medication, lack of explanations, and lack of psychological therapies, which contradicted with patients' preferences.

**Conclusion.** The narratives describe a relationship in which patients feel misunderstood, furthering patient disengagement and resulting in a vicious cycle of dissonance that limits health outcomes. Findings suggest a need to incorporate psychological