

triglycerides, glucose, and prolactin concentrations. We performed meta-regressions to examine the relationship between metabolic/endocrine change and age, sex, and ethnicity

**Results.** Of 6697 citations, we included 15 randomised controlled trials, consisting of 2501 patients. Antipsychotics included in analyses were aripiprazole, asenapine, blonanserin, clozapine, haloperidol, lurasidone, molindone, olanzapine, paliperidone, quetiapine, risperidone, and ziprasidone. Median treatment duration was 6 weeks (IQR 6–12). Mean age was 15.13 (SD 0.94) years. Mean differences for weight gain compared with placebo ranged from -2.04 kg (95% CI -4.24 to 0.17) kg for molindone to 4.11 kg (-0.55 to 8.77) for clozapine; for BMI from -0.55 kg/m<sup>2</sup> (-1.37 to 0.27) for molindone to 1.92 kg/m<sup>2</sup> (0.16 to 3.68) for quetiapine; for total cholesterol from -0.14 mmol/L (-0.70 to 0.41) for risperidone/paliperidone to 0.46 mmol/L (0.00 to 0.90) for quetiapine; for LDL cholesterol from -0.32 mmol (-0.76 to 0.12) for aripiprazole to 0.24 mmol/L (-0.15 to 0.63) for olanzapine; for HDL cholesterol from 0.10 mmol/L (-0.05 to 0.26) for aripiprazole to -0.23 mmol/L (-0.52 to 0.06) for risperidone/paliperidone; for triglycerides from -0.01 mmol/L (-0.21 to 0.34) for molindone to 0.62 mmol/L (0.04 to 1.2) for clozapine; for glucose from -0.33 mmol/L (-0.64 to -0.02) for ziprasidone to 0.81 mmol/L (0.28 to 1.34) for clozapine; for prolactin from -1.92 ng/mL (-15.37 to 11.53) for aripiprazole to 28.10 ng/mL (16.23 to 39.96) for risperidone/paliperidone. Higher baseline age predicted by greater increases in body weight ( $p = 0.014$ ).

**Conclusion.** We found significant differences between antipsychotics in terms of metabolic and endocrine side-effects when used in children and adolescents. Treatment guidelines should be updated to reflect our findings. However, the choice of antipsychotic should be made on an individual basis, considering the clinical circumstances and preferences of young people, carers, and clinicians.

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## Understanding Pre-Hospital Care for Self-Harm: Views and Experiences of Yorkshire Ambulance Service Clinicians

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**Aims.** Self-harm is a common presentation in emergency services, and ambulance clinicians are often the first professionals involved. The aims of this study were to explore the experiences of Yorkshire Ambulance Service (YAS) clinicians of caring for people who self-harm, and to seek their views of the care provided to this group in the pre-hospital setting.

**Methods.** This preliminary cross-sectional study involved a self-completed questionnaire using an online platform (Online Surveys, [www.onlinesurveys.ac.uk](http://www.onlinesurveys.ac.uk)). The questionnaire was designed by the research team, piloted by four academic paramedics, and shared with ambulance clinicians employed by YAS via social media and email bulletins. Multiple-choice answers were analysed using descriptive statistics, and two researchers (DR, EG) independently analysed free-text responses thematically. Participants could only proceed to the questionnaire if they agreed

to an online consent statement. Ethical approval was granted by the University of Leeds.

**Results.** 26 clinicians responded to the questionnaire (1.0% response rate), of whom 17 (65%) were female and 16 (62%) were paramedics. 17 (65%) indicated that they had not received specific mental health training in their roles. Only nine (35%) respondents felt comfortable caring for this group, and four (15%) thought that their training had adequately prepared them.

Respondents identified the following as facilitators to high-quality clinical care for people who have self-harmed: previous clinical experience, training in mental health and injury management, availability of mental health advice and services, good communication skills, relevant online resources, and support from senior colleagues. Barriers identified included patient factors, a lack of mental health pathways, services and support and a lack of training and education in mental health. Suggested improvements to emergency services for self-harm were alternatives to emergency departments, greater availability of mental health support, more staff, mental health training for ambulance clinicians, and guidance for the management of patients declining to attend hospital.

**Conclusion.** Respondents generally felt unconfident and unprepared when called to assess and manage people who have harmed themselves. Improvements in mental health training for ambulance clinicians and greater availability of mental health services are needed to improve pre-hospital care for people who self-harm. Although the study was limited by a low response rate, it has begun to address the literature gap in paramedic care for self-harm. Questionnaire responses corroborate NICE recommendations that alternative services to emergency departments, where appropriate, could improve patient satisfaction and the quality of clinical care. This should be considered by commissioners and policymakers.

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## Assessment of Knowledge Regarding Alcohol Unit Conversion in Psychiatry Practitioners

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**Aims.** National health services are facing an increased burden of alcohol-related problems. Between 2019–2020, 280,000 hospital admissions were attributable to alcohol use (1). This was 2% higher than 2018–2019, and 8% higher than 2016–2017. The UK Government has taken some action by recommending a maximum weekly alcohol consumption limit in units; however it is unclear whether psychiatrists are aware of these recommendations. It can often be difficult to calculate accurately the units of alcohol consumed, due to differences in the alcohol concentration of apparently similar drinks (3). The aim of this online survey was to assess junior doctors' knowledge and their understanding of alcohol unit conversions.

**Methods.** This was a cross-sectional study, administered via an online questionnaire. We invited junior and middle grade doctors working in Psychiatric Inpatient Units and CMHTs in the North Wales region via e-mail. We have used the same questionnaire that was used in previous studies. The questionnaire captured respondents' training level, their current alcohol consumption and perception about their knowledge of alcohol unit conversions, as well as assessing their knowledge about alcohol unit conversions using four test scenarios. The data

were gathered using the Microsoft office forms (online) and analysed descriptively (i.e., frequency and percentage) using Microsoft Excel.

**Results.** Twenty-three medical doctors working in Psychiatry completed the online questionnaire, of which the majority were junior doctors ( $n = 15$ ; 65%). Almost three-quarters of the respondents ( $n = 17$ ; 74%) reported regular consumption of alcohol. The majority of respondents ( $n = 20$ ; 86%) reported that they had knowledge of alcohol units.

Nearly half of the respondents were able to calculate correct daily allowance of alcohol in units for males ( $n = 13$ ; 56%) and for female ( $n = 12$ ; 52%). Twelve respondents were able to calculate the correct allowance in units for both genders. About one quarter of the respondents ( $n = 5$ ; 22%) mentioned weekly limits instead of daily limits of alcohol in units.

In response to test scenarios, seven respondents (30%) were able to correctly calculate 9 units of alcohol in a 750 ml bottle of 12% wine. Ten respondents (43%) were able to correctly calculate 30 units in the bottle of whiskey. For the lager scenario, the volume was given in pints, and only one respondent was able to calculate 47.6 units correctly. For a wine (36.4 units) and sherry (12 units), only 6 (26%) and 4 (17%) respondents answered correctly, respectively.

**Conclusion.** We found that medical doctors working in psychiatry do not have adequate knowledge of alcohol unit conversions. To tackle the increasing burden of alcohol-related problems, learning about alcohol unit conversions should be incorporated into teaching programmes for psychiatry practitioners.

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### Oral Health in Mentally Ill Patients Attending the Outpatient Clinic of Taha Baasher Psychiatric Hospital, Khartoum

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**Aims.** Mental illness has been very common lately and the mentally ill are a special population with their own particular set of needs and challenges. In general physical health of the mentally ill is poorer than that of the general population and oral health is especially neglected hence the desire to quantify this.

**Methods.** This study was a cross-sectional hospital based study conducted in the outpatient clinic of Taha Basher Psychiatric teaching hospital. The sample (90) was selected randomly from among the adult patient attendants who agreed to participate in the study.

**Results.** The mean DMF was 4.91 +/-4.46 . It was positively correlated to age and duration of illness. It was higher in females and the greatest proportion was due to missing teeth and the smallest proportion was the filled teeth. There were no dentures used by any of the patients.

**Conclusion.** Those involved in the study reflect the poor level of oral health among the mentally ill population and this deficiency is unfortunately not receiving enough attention of care givers or mental health professionals. The dental community ought to establish a professional referral system with such facilities to facilitate patient care.

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### Experience of Differential Attainment in Psychiatry Trainees at Surrey and Borders Partnership NHS Foundation Trust (SABP)

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**Aims.** Differential attainment is a term used to describe variation in the achievement of groups of doctors based on certain characteristics. Evidence suggests that international medical graduates (IMGs) in the UK struggle at different stages of training in many specialties including psychiatry. This project aims to explore the experience of psychiatry trainee doctors and their trainers at SABP to understand this issue and identify areas for quality improvement.

**Methods.** This was an exploratory study using a mixed methods approach. Qualitative data were collected via semi-structured interviews and focus groups conducted with trainees and trainers. Interviews and focus groups were recorded and transcribed, then analysed for themes. Quantitative data were collected via an online survey sent to trainees and trainers and were analysed using descriptive statistics. Informed consent was obtained from all participants. This project received approval from the Health Education England research governance committee and was conducted in accordance with British Educational Research Association (BERA) guidelines.

**Results.** The online survey had a good response rate of 60.4% for trainees (26 out of total 43 trainees) and 64.7% for trainers (22 out of total 34 trainers). Challenges identified by the participants both in qualitative and quantitative data mirrored the national picture. Five main themes that were identified from semi-structured interviews and focus groups were: 1) the impact of professional and informal support, 2) challenges faced by IMGs in adjusting to the new system, 3) communication barriers, 4) Stress and burnout impacting trainees' performance and 5) unconscious bias during recruitment, exams, and ARCP on the training experience of IMGs.

**Conclusion.** This project was used to generate ideas for quality improvement with regard to the experience of trainees and the reduction of differential attainment within the trust. Findings from this research have guided SABP in the development of interventions to support IMGs and trainers, particularly regarding professional and non-professional support. These interventions include an induction booklet for doctors joining the trust, an IMG support network, and a mentorship scheme for all the trainees. We aim to explore the experience of IMGs trainees and trainers using a similar method in the future to evaluate the success of these interventions. Our findings will have an impact on other organisations providing postgraduate training in psychiatry and other specialties.

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