

**Aims.** Recruitment and retention of medical staff is a national issue. Low level of staff means challenges in provision of adequate and efficient patient care. There is a lack of flexibility for clinicians to get time for Supported Programmed Activity (SPA). Burn out of existing clinicians and losing good will is common which increases patients' complaint and potential risk of near misses and serious incidents. Leicestershire Partnership NHS Trust (LPT) has significant challenge like many other neighbouring Trusts in term of recruitment and retention of consultant psychiatrists. The aim of this research was to find out proportion of consultant psychiatrists satisfied with current job and to explore their views on current difficulties and ways to support and retain them within their current Trust.

**Methods.** It was a cross-sectional survey. The target population was consultant psychiatrists working in LPT. An online questionnaire was developed for data collection. Data were gathered through open (free text) and close (options provided) questions. Information was collected regarding job satisfaction, positive and negative of job, difficulties and challenges in current role, willingness to continue work within Trust and if they would recommend friends or colleagues to join LPT. Results are reported in percentages for descriptive statistics.

**Results.** About 34% of the responders ( $n = 38$ ) were satisfied with their current job, whereas about 45% reported unsatisfied or very unsatisfied. Regarding quality of admin support, nearly 40% were unsatisfied. Similarly, about 1/3 of the responders reported un-satisfaction with available office and clinic space for clinical and admin activities. Nearly 2/3 reported not getting adequate time for SPA activities, instead 37.5% reported 5 or more hours per week spending over their contracted hours. Over 97% said, their job can be more rewarding by acknowledging their contribution, involving them in Trust activities, provision of adequate clinic space, reducing case load with enhance recruitment. Surprisingly 71.1% reported thought of leaving LPT in the last six months and only 28.9% clearly stated, they would stay within Trust and also recommend a friend or a colleague to join.

**Conclusion.** Majority of the consultant psychiatrists were unsatisfied with their current job and reported thought of leaving Trust in the last six months. There is an urgent need to address the highlighted challenges and early discussion with them in term of what local Trust can offer and support them to ensure their retention and enhance recruitment while they are being advocate for the LPT.

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.

## Stifled Screams: Experiences of Sexual Harassment Survivors at First Generation Universities in Southwest Nigeria

Professor Boladale Mapayi<sup>1\*</sup>, Dr Ibidun Oloniniyi<sup>1</sup>, Dr Olakunle Oginni<sup>1</sup>, Professor Morenike Ukpong<sup>1</sup> and Professor Abigail Harrison<sup>2</sup>

<sup>1</sup>Obafemi Awolowo University, Ile Ife, Nigeria and <sup>2</sup>Brown University, Providence, United States of America

\*Corresponding author.

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**Aims.** Sexual Harassment (SH) in colleges and universities in Nigeria is often shrouded in secrecy. Survivors rarely report the SH experience. This is often because of unequal power relations, fear of loss of status, marks, or job as retaliation, and the attendant stigma. The

sexual harassment policy, implementation, and campus climate also have huge roles to play in reportage. This study aimed to investigate the experience of SH by men and women in heterosexual and same-sex situations in first-generation universities in South West Nigeria.

**Methods.** Students and staff who had survived SH were targeted for IDIs focused on the experience of SH from the perspective of the survivor including the consequences, reportage, outcomes, and whether justice had been served. A purposive approach was adopted in identifying respondents and a snowballing method guided the process across the three universities. The sensitivity of the topic and the stigma attached called for a recruitment strategy that ensured privacy, confidentiality, and freedom to share experiences without reservation. About four IDIs were conducted in each university. Interviews were held on several (face-to-face via telephone or Whatsapp calls) platforms. Analysis commenced with verbatim transcription of the audio recordings. The accuracy, integrity, and completeness of all transcriptions were verified. A thematic analysis was conducted and all transcripts were coded by three experts which were organized into categories. The most prominent and salient thematic findings were brought forward by merging codes while maintaining the integrity of the individual categories. A cluster analysis of code associations was also performed to facilitate pattern recognition in the data. NVivo Pro v.12 was used to facilitate the analysis. Themes were categorized into four distinct areas: experience of SH, consequences, reportage, and outcome.

**Results.** The experience of SH ranged from sexual assault to unsolicited physical touch and verbal harassment. In terms of consequences, survivors experienced low self-esteem, had problems in their relationships with others, became less trusting, and increased risk-taking behaviour. Most survivors were not aware of anti-SH policies in their institutions. None reported to law enforcement agents due to stigma, lack of financial means, and lack of trust in the system.

**Conclusion.** Institutions need to do more than develop adequate antisexual harassment policies. There is a need to interrogate the culture around implementation and training to improve prevention and raise awareness.

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## Correlates of Sexual Harassment Among Staff and Students in First Generation South West Nigerian Universities

Professor Boladale Mapayi<sup>1\*</sup>, Dr Olakunle Oginni<sup>1</sup>, Professor Morenike Ukpong<sup>1</sup> and Professor Abigail Harrison<sup>2</sup>

<sup>1</sup>Obafemi Awolowo University, Ile Ife, Nigeria and <sup>2</sup>Brown University, Providence, United States of America

\*Corresponding author.

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**Aims.** Sexual harassment (SH) is a widespread and recurring problem in educational settings. SH is not easy to define, partly because it does not involve a homogenous set of behaviours. There are gender variations in the experience and perception of SH. Risk factors for SH include female gender and gender inequality, same-sex attraction, poverty, poorly trained, underpaid, and understaffed educators. The study aimed to determine the prevalence rates and correlates of heterosexual and same-sex SH and to explore the social and mental health sequelae of SH among students and staff of first-generation universities in South-west Nigeria.

**Methods.** A cross-sectional survey was done in three first-generation universities in southwest Nigeria. A sample size of 550 participants per institution was estimated with a margin of error of 2.5%, a 95% confidence level. This gave a total sample size of 1650 respondents participants for the study. In each university, Students and staff were categorized by faculties into 3 clusters: science, social science, and arts. A proportionate sampling technique was used. Participants were assessed for SH, age, sexual orientation, gender, motivation for dressing, depressive symptoms, and suicidality. Associations were tested using Pearson correlations.

**Results.** SH was higher with age, among females, among lesbian, gay, and bisexual (LGB), participants with sexual motivation for dressing, high sexual desire, high suicidality, and low perception of campus safety. In terms of gender differences, correlation with age was slightly higher in females while correlations with lesbian/gay status was higher in males. In terms of sexual orientation, correlation with age was largest in LGB, association with dressing motivation, sexual desire, and depressive symptoms scores was greatest in heterosexual participants, association with suicidality scores was greatest with lesbian/gay status; and correlation with perception of campus as safe lowest among bisexual participants. Generally, the associations were weakest among staff compared to students.

**Conclusion.** There are certain demographics (heterosexual and bisexual females and gay men) that appear to be more vulnerable to SH in tertiary institutions. The correlates of SH also vary in the different sample groups. These should be considered when programming for prevention and response to SH in Nigerian tertiary institutions.

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### Association of Various Factors With Deliberate Self-Harm Among Patients of Bipolar Disorder

Dr Yasir Mateen<sup>1\*</sup>, Dr Usama Bin Zubair<sup>2</sup>, Dr Hirra Hussain<sup>3</sup> and Dr Sumira Qambar Bokhari<sup>3</sup>

<sup>1</sup>South West Yorkshire Partnership NHS Foundation Trust, Huddersfield, United Kingdom; <sup>2</sup>Fauji Foundation Hospital, Rawalpindi, Pakistan and <sup>3</sup>Services Institute of Medical Sciences, Lahore, Pakistan

\*Corresponding author.

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**Aims.** Deliberate self-harm is one of the common psychiatric emergencies in medical practice, and bipolar disorder carries one of the highest risks for self-harm among various other psychiatric and physical disorders. The relationship between self-harm and bipolar disorder and its risk factors has not been sufficiently studied in Pakistan and remains an area of investigation elsewhere. The objective of our study was to determine the frequency and factors associated with deliberate self-harm in patients with bipolar disorder.

**Methods.** This cross-sectional study was conducted in the outpatient department of psychiatry of a tertiary care hospital in Lahore, Pakistan, from May 2020 to April 2021. A total of 165 patients living with bipolar disorder, between the ages of 15 and 65 years, were included in our study. The diagnosis was in accordance with the criteria in International Classification of Diseases 11th Revision (ICD-11). Deliberate self-harm was defined as a non-fatal act in which an individual deliberately causes self-injury or ingests a substance in excess of any

prescribed or generally recognized dosage. This was assessed through history (during last 6 months) and physical examination performed by the psychiatrist.

Sociodemographic variables like age, gender, educational status, marital status and employment status, and the clinical variable of treatment compliance, were documented. The data were recorded and analysed using Statistical Package for the Social Sciences (SPSS) version 20. The association of above factors with the presence of self-harm in our study participants was then explored with Pearson Chi-Square test. The p-value of less than 0.05 was considered as significant.

**Results.** Out of 165 cases included in the study, 62.42% (n = 103) were male and 37.58% (n = 62) were females. The frequency of deliberate self-harm in bipolar disorder was 35.15%. In terms of association, only female gender was found to have a statistically significant relationship (p-value <0.001) with the presence of self-harm in our study.

**Conclusion.** We concluded that deliberate self-harm is a common finding in cases of bipolar disorder in Pakistan. Additionally, vulnerable subgroups, such as female patients in this study, should receive more clinical attention and safeguarding support.

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### A Systematic Review of Clinical Practice Guidelines on the Use of Deep Brain Stimulation for Obsessive-Compulsive Disorder

Miss Adele Mazzoleni<sup>1\*</sup>, Miss Shreya Bhatia<sup>2</sup>, Miss Maria Anna Bantounou<sup>3,4</sup>, Mr Niraj S. Kumar<sup>5,4</sup>, Miss Monika Dzalto<sup>6</sup> and Dr Roy L. Soiza<sup>3</sup>

<sup>1</sup>Barts and the London School of Medicine and Dentistry, London, United Kingdom; <sup>2</sup>Queen's University Belfast, Belfast, United Kingdom; <sup>3</sup>University of Aberdeen College of Life Sciences & Medicine, Aberdeen, United Kingdom; <sup>4</sup>National Medical Research Association, London, United Kingdom; <sup>5</sup>University College London, London, United Kingdom and <sup>6</sup>Brighton and Sussex Medical School, Brighton, United Kingdom

\*Corresponding author.

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**Aims.** Deep brain stimulation (DBS), an invasive neurosurgical treatment where electrical stimuli are delivered in target brain areas, is an intervention that has traditionally been used for neurological movement disorders, but that has recently been considered for the management of psychiatric conditions, one of these being obsessive compulsive disorder (OCD). This review aimed to identify and assess clinical practice guidelines on the use of DBS for OCD, and, secondly, whether or not recommendations are tailored to individual patient characteristics, such as age, gender and comorbidities.

**Methods.** A systematic search of MEDLINE, EMBASE, APA Psych Info and Scopus was conducted, along with guideline development organisation websites, using all relevant synonyms of: "Guideline and DBS and OCD". Studies were assessed by two independent reviewers, and discrepancies managed by a third reviewer. The protocol was registered with PROSPERO, following the PRISMA checklist. Included guidelines were appraised using the AGREE-II instrument.

**Results.** Nine guidelines were identified in total. Eight recommended DBS as a last-line option in the management of OCD,