

Conclusion. The study suggests that community rehabilitation contributes positively to the clinical outcomes of individuals with SPMI, showcasing reduced inpatient service use and associated costs. The findings underscore the importance of further research into community psychosocial rehabilitation in the Canadian setting and emphasize the economic implications essential for demonstrating the efficiency of mental healthcare services.

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.

Challenges and Gaps in the Diagnosis of Personality Disorders in Older Adults: A Review of Current Practices in a UK Mental Health Trust

Dr Christina Barmpagianni*, Ms Jemma Arrow,
Dr Neelima Reddi, Dr Tamsin Brownell
and Professor Ramin Nilforooshan

Surrey and Borders Partnership NHS Foundation Trust, Surrey,
United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.461

Aims. Personality disorders (PDs) involve persistent deviations from societal norms causing distress, particularly in older UK adults. ICD-11 distinguishes general personality dysfunction from traits. Despite a low reported prevalence among the elderly, underdiagnosis and undertreatment are concerns, suggesting higher actual prevalence. PD presentations in older adults differ, with increasing prevalence noted. Existing research lacks large-scale, population-based studies, longitudinal perspectives, and diagnostic tools sensitive to age-related changes. Overlapping symptoms and delayed diagnosis challenge accurate assessment, while misdiagnosis can lead to repeat hospitalisations.

A UK mental health organisation observed such issues, prompting a diagnostic pathway review and a service evaluation study to identify healthcare professionals' challenges in diagnosing personality disorders in older adults.

Methods. An online survey, conducted from January to March 2023, targeted healthcare professionals in the Trust. It gathered demographic data and focused on professionals' knowledge, and confidence in diagnosing personality disorders, along with limitations and suggestions for improvement. Responses were qualitative, involving community mental health team managers, doctors, healthcare assistants, mental health nurses, occupational therapists, and psychologists. Results, collected in March 2023, aimed to provide detailed insights into professionals' experiences with PDs when treating older adults.

Results. Among 35 surveyed professionals (15 Consultant Psychiatrists, 2 community team managers, 6 nurses, 1 occupational therapist, 2 psychologists, and 9 junior doctors), 75% routinely conducted personality disorder assessments. They lacked specific diagnostic tools, relying on history and ICD-10/DSM-5 criteria. Confidence levels varied, with only 1 reporting high confidence and 37% not confident at all, citing a need for training and structured tools. Challenges in diagnosing older adults were acknowledged by 34 responders, attributing difficulties to comorbidities and ageing. All emphasised the importance of accurate diagnosis for tailored therapy, care, service workload, and healthcare financial implications.

Conclusion. Underdiagnosis and undertreatment of personality disorders in older adults impact their quality of life, posing

challenges to healthcare services with financial implications. This local survey and service evaluation study revealed healthcare professionals' lower confidence in diagnosing PDs in older adults, attributed to the complexity of presentation and lack of diagnostic tools. Professionals may underestimate PD prevalence, emphasizing the need for improved education and training. The review calls for validated diagnostic tools tailored to older adults and suggests a need for larger-scale, mixed-methods research to explore factors affecting diagnosis accuracy. It underscores gaps in knowledge and emphasises the importance of understanding and addressing PDs in this population through research, education of professionals, and improved screening.

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.

Treatment Trajectories of Young People With Emotion Dysregulation Engaging in Dysregulated Behaviours: An Exploratory Study

Dr Bibire Baykeens^{1*} and Dr Martina Di Simplicio^{1,2}

¹Imperial College London, London, United Kingdom and ²West London NHS Trust, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.462

Aims. Dysregulated behaviours are prevalent amongst young people worldwide. Emotional dysregulation plays a key role in these behaviours. Several psychiatric disorders have significant elements of emotional dysregulation, making it a potentially effective transdiagnostic therapeutic target. Dialectical behaviour therapy (DBT), mentalisation-based therapy (MBT), and schema therapy (ST) can effectively manage emotional dysregulation, however access may be limited in clinical practice.

We aimed to explore whether young people with emotional dysregulation engaging in dysregulated behaviours receive support for emotion regulation. We hypothesised that those with emotionally unstable personality disorder (EUPD) will have a higher prevalence of self-harm, disordered eating, and/or substance misuse and more referrals for DBT, MBT, or ST than those with bipolar disorder, autism, attention deficit/hyperactivity disorder (ADHD), schizophrenia, or schizoaffective disorder.

Methods. De-identified clinical records from the West London NHS Trust on 2,413 16- to 25-year-olds with an ICD-10 diagnosis of EUPD, bipolar disorder, autism, ADHD, schizophrenia, and/or schizoaffective disorder were obtained through Akkrivia. Chi-squared tests were performed.

Results. Young people with bipolar disorder had the highest prevalence of self-harm, disordered eating, and substance misuse (88.35%, $n = 182$), $\chi^2(4, N = 3138) = 39.14$, $p < 0.001$, but the lowest number of references to DBT, MBT, or ST. Those with EUPD had the highest number of references to DBT, $\chi^2(4, N = 2585) = 886.75$, $p < 0.001$, MBT, $\chi^2(4, N = 2585) = 81.63$, $p < 0.001$, or ST, LR (4, $N = 2585$) = 21.03, $p < 0.001$.

Conclusion. There could be an unmet need for psychological interventions for young people with bipolar disorder. A more transdiagnostic approach to offering psychotherapies that target emotional dysregulation should be applied in clinical practice.

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.