

Hypothesis:

- 1) Patients attempting suicide are more likely to have co-existing axis I or axis II disorder when compared with patients with no reported suicidal attempt.
- 2) Various OCD related domain like symptom types, symptom severity, age of onset of OCD, duration of illness and presence of other OCD spectrum disorder has higher chances of attempting suicide.
- 3) Family history of suicidal behaviour increases the risk of suicidality.

Methods. Retrospective file review of all patients registered at the OCD clinic, NIMHANS hospital, Bangalore, India between Jan 2008–Dec 2018 was undertaken. Out of 1017, 814 met the eligibility criteria. Individuals with a documented suicide attempt were compared with those without. Chi square test, unpaired t-test and Regression analysis was done to identify predictors of life-time attempt.

Results. Lifetime attempt was noted in 19.8% patients (161 out of 814). On comparison, female gender, unemployment, lower socio-economic status, severe to extreme avoidance, severe to most severe CGIs, presence of depressive disorder, history of engagement in suicidal acts, past NSSI, past suicidal ideation, younger age at onset of OCD, younger age at first OCD consultation and YBOCS at index assessment are significantly associated with higher risk of suicidal attempts. Female gender, BPL status, age at onset of OCD and presence of depressive disorder can significantly predict lifetime suicidal attempts. Out of 814 eligible patients reviewed, 32 patients i.e. 4.79% had made ≥ 1 suicide attempt after their first contact to the OCD clinic. Risk of re-attempting suicide is highest in the first three years post index visit to the OCD clinic.

Conclusion. One in five individuals with OCD attempt suicide with higher risk in female population, greater illness severity (higher baseline YBOCS scores and early age of OCD onset) and presence of comorbid depression. Importantly, risk of repeated attempt is greatest within three years of contact but no factor could determine reattempt risk. Hence, regular screening for suicidality in patients with OCD could be of utmost importance in preventing any future attempts. The findings also highlight the need for future studies that explore the neurobiological underpinnings of suicide vulnerability in OCD.

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.

2 Education and Training

Malawi Mental Health Guide: Overview and Evaluation of a Mental Health Quick Reference Guide and Phone App for Use in Non-specialist Settings

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Aims. In Malawi, there are three Consultant psychiatrists for a population of approximately 20 million people. We cannot rely solely on specialists to provide mental health care. We produced the Malawi Quick Guide to Mental Health (the Guide) to

improve the psychiatric health-care resources available to front-line mental health workers in Malawi, thus improving service provision to patients. We aimed to evaluate its impact on the frontline non-specialists who provide most mental health care in Malawi.

Methods. In collaboration with the Malawi Ministry of Health, the University of Malawi, St John of God Malawi, and a Malawian user group, a group of psychiatrists with experience working in Malawi co-produced the Malawi Quick Guide to Mental Health. It provides practical information for assessing and managing mental disorders in Malawi. We distributed the Guide to over 400 health centres in Malawi. Next, we converted the Guide into a freely available phone app in both Android and Apple stores.

To study its impact, we baseline surveyed frontline mental health professionals regarding their access to basic psychiatry guidelines and information in clinics, as well as their confidence in delivering mental health care. We repeated this survey six months after the distribution of the printed Guide and six months after the app launch.

Results. Baseline survey: 20 health-care professionals representing regions throughout Malawi responded. 70% of respondents were between 25–40 years old and 45% were female. All respondents either agreed or strongly agreed that they needed more support caring for mentally unwell patients. 15% had no access to any resources whatsoever to guide their care.

Printed guide survey: 95% agreed or strongly agreed that having a printed copy of the Guide increased their confidence in caring for patients. Information resource accessibility, availability and usage in mental health clinics had improved from baseline. The respondents found the Guide helped their day-to-day practice, with 95% rating it either extremely helpful or very helpful. 95% either agreed or strongly agreed that it had improved the care they provided their patients.

App survey: 66% of respondents prefer using the app over the textbook version. All agreed that the app made them more confident in caring for their patients and that their care had improved because of the app. They were all likely to recommend it to a colleague. It has now been downloaded almost 1000 times.

Conclusion. A free, co-produced mental health book and phone app have helped to address the issue of limited access to basic psychiatry guidelines and information in clinics in Malawi. This has improved clinicians' confidence and their perceived patient care.

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3 Quality Improvement

The Ten-Point Treatment Programme: Design and Evaluation of an Easy Read Document in a Forensic Learning Disability Unit

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Aims. There has been criticism surrounding the lack of clarity regarding treatments offered within forensic inpatient units for