

Aims. COVID-19 has resurfaced health inequalities but also provides new opportunities for remote healthcare. Minority ethnic service users (SUs) are substantially under-represented in secondary mental health services due to gaps in understanding needs of this priority group. We aimed to assess and identify any differences in characteristics and acceptability, with a focus on minority ethnic mental health SUs.

Methods. A prospective, online feedback questionnaire was developed with the help of SUs. This was built into video consultations (VCs), using the secure Attend Anywhere platform through a survey link. We present results between July 2020 and January 2022, during which, a total of 2,565 SUs completed the online questionnaire after VCs. SPSS (version 27) was used for descriptive statistical analysis. Chi-squared test, using 5% level of significance, was conducted to test differences between the two (minority Vs majority ethnic) SU groups.

Results. Of 2,565 SUs, 119 (4.6%) were from minority ethnic groups (Asian British, Mixed/multiple, Black British, and Other), 2,398 (93.5%) were White British, and 48 (1.9%) preferred not to disclose. A higher percentage of SUs were females from both minority (55.6%) and White British (66.1%) ethnic groups ($\chi^2=5.476$, $p < 0.05$). By age group, almost half (48.7%) of minority ethnic SUs were less than 25 years old, compared with those from White British ethnicity (29.2%). In contrast, only 2.5% minority ethnic SUs were aged ≥ 65 years with none ≥ 80 years old (χ^2 Likelihood Ratio = 27.11, $p < 0.001$).

No significant differences were found for video technical quality, such as waiting area, joining the video call, sound, and video quality. Similar findings were observed for video care delivery aspects with no significant differences between (minority ethnic and White British) SUs. Overall, both groups felt comfortable during the video call ($\chi^2=0.137$, $p > 0.05$), their needs were met ($\chi^2=0.384$, $p > 0.05$) and felt supported ($\chi^2=0.164$, $p > 0.05$). However, according to care team, a significantly higher percentage of minority ethnic SUs (43%) had remotely consulted Specialist (Eating disorders, Well-being/IAPT) services compared with those of majority ethnicity (29%) (χ^2 Likelihood Ratio = 21.936, $p < 0.05$).

Conclusion. Both minority ethnic and White British SUs found video care to be acceptable, with positive experiences. A significantly high proportion of minority ethnic SUs was younger and had remotely consulted Specialist services, with none in the 80-plus age group. These findings highlight priority areas to address among this massively underrepresented group in mental healthcare services.

Implementation of Traffic Light System on Food Sold at Brockfield House Medium Secure Unit to Help Improve Healthy Food Options

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Aims. Public Health England published a report in 2017 on Obesity in Secure Mental Health units. A key finding of the review was that not only is obesity and overweight more prevalent in the population detained within mental health secure units (with rates

of up to 80% reported) than in the general population (around 60%), patients appear to be more at risk of weight gain when detained. The report found evidence that there is a high risk of weight gain following admission, stemming from the combined effects of incarceration, ease of access to high calorific food, and the potential lack of access to recommended levels of physical activity. This project aims to; 1. Implement a traffic light system on food and confectionaries sold at the shop at a Medium secure hospital. 2. Provide healthier food options at the shop by using the traffic light system as a visual aid 3. To achieve weight reduction and promote healthy lifestyle choices in patients admitted to our medium secure Forensic unit.

Methods.

1. Buying a new till system which is able to quantify what type of food is sold.
2. Labelling food sold using a traffic light system.
3. Calculate types of food sold following a three-month period after implementation.

Results.

1. Traffic light system provides a visual aid to patients in choosing healthier food.
2. Patients in our medium secure unit achieve a reduction in their weight.
3. Traffic light system can be replicated/ adopted by other secure hospitals.

Conclusion. The purpose of this research is to implement a traffic light system on food sold at a shop in our medium secure unit. It is hoped that by providing visual aids, patients have a means of easily identifying healthier food options. Choosing healthier food we hope will consequently result in weight reduction and overall improved lifestyle choices.

Mental Health Status of High School Students in Khartoum State, Sudan During the COVID-19 Pandemic: A Cross-Sectional Study

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Aims. This study sought to assess mental health status of high school students in Khartoum State, to evaluate the participants' adherence to COVID-19 preventive measures and to identify factors associated with commitment to COVID-19 guidelines and mental health status during the COVID-19 pandemic.

Methods. This was a descriptive, cross-sectional and institution-based study. 364 post-primary students in 10 schools were selected by multistage stratified cluster sampling. Mental health status was evaluated using the General Health Questionnaire (GHQ-12). Chi-square testing was used to identify influencing factors of mental health status and commitment to practicing COVID-19 preventive measures.

Results. A median commitment score of 2/5 was achieved. 70.8% of students in this study demonstrated low commitment (< 50%) to practicing COVID-19 preventive guidelines. Commitment to COVID-19 preventive measures was significantly associated with gender ($p = 0.047$), academic year ($p = 0.033$) and post-primary schools attended by the participants ($p < 0.001$). 36.5% of the participants' GHQ-12 scores demonstrated severe psychological distress (GHQ-12 > 20/36). A mean GHQ-12 score of 18.4 and median of 19 was achieved, indicating moderate to severe psychological distress. GHQ-12 scores were significantly