(84.2%) and emotional dysregulation (10.5%) were more frequently seen in participants with neurodevelopmental disorder. Dissociative and obsessive phenomena were present in about a quarter of our study sample, similarly across mania, depression and mixed state.

Conclusion. Mental status examination of mood disorders in children suggests considerable phenomenological overlap with irritable mood, emotional and behavioural dysregulation, dissociative symptoms, obsessive symptoms, sleep disturbances, nightmares and hyperarousal seen in mania, depression and mixed states. These phenomena may, therefore, not be suitable in differentiating these clinical diagnoses. Children with NDDs may report lesser cognitive phenomena of depression, and the clinician may have to rely on the affective and behavioural manifestations of depression in clinical decision-making.

Gender Differences in the Emergence of Post-Traumatic Stress Disorder Following a Single Exposure to a Terrorist Related Crime: A Meta-Analysis

Dr Huma Riaz Khan* and Dr Ahmed Usman Ibrahim

Leeds & York Partnership NHS Foundation Trust, Leeds, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.184

Aims. To quantify and evaluate the gender differences regarding the development of PTSD. This meta-analysis calculates (a) the difference between males and females who develop PTSD, and (b) the difference in gendered relative risk of PTSD development.

Methods. Study selection criteria included participant mean age above 18 years, single and direct exposure to a terrorism related traumatic event, and a confirmed diagnosis based on Diagnostic and Statistical Manual of Mental Disorders 5th edition. Data extraction included year and location of terrorist event, the total number of participants in the study, the total numbers of males and females diagnosed with PTSD, and time (in months) of diagnosis following the traumatic event. The number of males and females affected by PTSD was pooled using random effects inverse variance weighted meta-analysis and relative risks (95% confidence interval) were calculated.

Results. Twenty-seven studies met the inclusion criteria of which five had significant information to be included in the meta-analysis. The total number of males in the pooled sample size was 328, and the total number of females was 354 out which a total number of 34 males and 66 females met the PTSD criteria. The mean average of males and females affected by PTSD was 6 and 11, respectively. An independent samples Mann Whitney U test rejected the null hypothesis ($p < 0.05$) and concluded that the distribution of PTSD between males and females was significantly different. The meta-analysis found an overall relative risk of a diagnosis of PTSD in females to be 1.82 (95% CI 1.25–2.65) compared with males.

Conclusion. This meta-analysis found females to have an elevated risk of developing PTSD following a single terrorism traumatic event. The results of our study are supported by previously published research, which has found females to be at higher risks of developing PTSD. However, such research has proposed gender differences secondary to the types of stressful events experienced, which does not apply to our meta-analysis given the uniformity of the traumatic event we explore. Other factors, therefore, need investigating to understand this phenomenon.

We acknowledge that researching psychological consequences in communities affected by terrorism is complicated and limited by lack of healthcare access, trained clinicians, cultural diversity in the expression and articulation of a community's traumatic experience and of course, the instability of the ground fabric. Other limitations of the included studies are the binary of gender reporting, which limits a fuller understanding of a minoritized community.

A Qualitative Analysis of Contributory Factors to Serious Incidents Involving Adults With Learning Disabilities Receiving NHS Mental Healthcare

Dr Nusra Khodabux* and Dr Reza Kiani

Leicestershire Partnership NHS Trust, Leicester, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.185

Aims. This study aimed to analyse contributory factors to serious incidents (SIs) involving adult patients with intellectual disabilities receiving NHS care in a mental health trust. People with intellectual disabilities face considerable preventable harm and disparities in care. In-depth analysis of contributory factors to incidents involving adults with an intellectual disability, using human-factors based frameworks is lacking. Individual SI reports contain useful data, but learning is often limited without aggregated analysis.

Methods. Thirty anonymized serious incident reports (2014–2023) from an NHS mental health Trust's intellectual disability service were analysed qualitatively using the Yorkshire Contributory Factors Framework, followed by reflexive thematic analysis (RTA) to identify patterns across the data. This enabled nuanced themes to emerge across errors at the sharp end and systems-level factors at the blunt-end.

Results. Across 30 reports, 606 discrete factors were identified. Situational factors such as behavioural escalations and staff competency gaps were most frequent (n = 187, 31%). Other factors included active failures, such as slips, lapses, mistakes, violations (n = 109, 18%), organisational influences (n = 107, 18%), communication breakdowns (n = 75, 12%), unfavourable working conditions (n = 62, 10%), cultural factors such as reluctance to voice safety concerns (n = 51, 8%), and external system factors (n = 15, 2%).

Using RTA, we identified recurring themes across incidents involving interactions between sharp-end human and blunt-end system factors, with broader issues shaping frontline performance. Patient marginalisation, excessive workloads, lack of resources, and cultures tolerant of shortcuts aligned to permit errors. Deficient coordination across fragmented healthcare systems and overdependence on non-permanent workers and bank staff obstructed comprehensive incident reviews. Failure to adequately probe cultural influences and external pressures further reflect the limited extent of investigational efforts.

Conclusion. Adults with intellectual disabilities are subject to serious incidents caused by interacting human and system-level