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Aims. The review explored differences in sources of referrals and utilisation of child and adolescent mental health services (CAMHS) among children and young people (CYP) of black ethnicity compared with other ethnicities. We also explored international differences.

Methods. We searched MEDLINE (through Ovid), PsycINFO, EMBASE, CINAHL, Cochrane Database of Systematic Reviews and Web of Science using a priori defined search terms to identify relevant records. We used the “Population, Exposure, and Outcome” (PEO) framework to define search terms. Pairs of authors assessed papers for inclusion, extracted the data and conducted quality assessment. The systematic review was pre-registered with PROSPERO (CRD42021249619).

Results. We identified 110 studies which all had quantitative design. The results indicate that compared with other ethnic groups, CYP of black ethnicity were less likely to be screened for mental disorders, and more likely to be referred by non-voluntary sources such as social/child welfare services and juvenile justice systems. CYP of black ethnicity were also less likely to utilise all types and levels of mental health services with the exception of school-based services. CYP of black ethnicity were less likely to access psychological intervention or to be prescribed psychotropic medications. Also, CYP of black ethnicity were more likely to experience coercive treatments, and to receive poorer quality of care. These findings were similar across different countries.

Conclusion. CYP of black ethnicity experience significant disadvantages across their care journeys through CAMHS. Addressing the drivers for these disadvantages is crucial for improving access to care for this group.

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.

Quantifying the Core Deficit in Classical Schizophrenia From Three Independent Samples of Psychosis Spectrum Patients

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Aims. In schizophrenia, disorganisation and impoverished mental activity (as described in the classical descriptions by Kraepelin and Bleuler) together with impaired cognitive function, predict persisting functional impairment (Liddle, 2019). We propose that in schizophrenia, four ‘classical’ features (disorganisation, impoverished mental activity, cognitive dysfunction, and impaired role-functioning) arise from a shared pathophysiological process that increases risk of persisting functional impairment. We also

propose that this shared process creates a risk of subsequent episodic reality distortion (delusions and hallucinations). In the current work, we investigate whether a single latent variable accounts for the shared variance in the four ‘classical’ features. We also investigate whether the severity of this latent variable based on assessment of long-standing classical symptoms predicts severity of current reality distortion.

Methods. We performed maximum likelihood factor analysis of disorganisation, impoverishment, cognition and role-function in three separate samples of patients (n = 54, n = 128, n = 64) with DSM diagnosed schizophrenia, schizo-affective disorder or bipolar disorder. In the first two samples, we quantified current disorganisation and impoverished mental activity using the Positive and Negative Syndrome Scale (PANSS). In the third, we scored persistent disorganisation and impoverished mental activity according to Symptoms & Signs of Psychosis Illness (SSPI) based on systematic examination of case records. We assessed cognition using the Digit Symbol Substitution Test (DSST) and role-function using the Social & Occupational functioning scale (in two studies) and the Personal & Social Performance scale (in one study). We quantified current reality distortion by summing SSPI scores for current delusions and hallucinations.

Results. In each of the three studies, a single latent variable accounted for more than 50% of variance. Loadings were similar whether current or persistent symptoms were used. The latent variable derived from persistent symptom scores correlated significantly with current reality distortion.

Conclusion. This series of studies provide further evidence that disorganisation, impoverished mental activity, cognitive impairment and impaired role function share substantial variance, consistent with the proposal that they reflect a core pathophysiological process underlying ‘classical’ schizophrenia. Furthermore, our findings are consistent with the hypothesis that over time, this pathophysiological process increases the risk of episodic reality distortion. However, these were all cross-sectional studies, and need to be confirmed using longitudinal data. Our findings have potential clinical and research implications including development of a custom-made clinical tool to quantify the core deficit as well as investigating targeted interventions employing medication or neuromodulation.

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Exploring the Distinction Between Jinn Possession and Serious Mental Disorders Through the Lens of the Traditional and Faith-Based Healers in Korail Slum

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Aims. The cultural narratives around Jinn Possession are deeply intertwined with the societal understanding of mental health in Bangladesh, often blurring the lines between supernatural beliefs and clinical psychiatric diagnosis. This study aims to delineate the community-based differentiation between Jinn Possession and serious mental disorders such as schizophrenia, bipolar mood disorders and major depressive disorders with psychotic symptoms,