

**Aims.** Caregivers of autistic children may experience greater stress and reduced mental well-being compared with caregivers of typically developing children or children with other neurodevelopmental conditions. Less is known about earlier child and family predictors of later caregiver stress, as most studies have been cross-sectional. This study aimed to examine how caregiver (coping strategies and appraisal of their child's autism) and child factors (behavioural difficulties and adaptive functioning) were related to mental health and quality of life in caregivers of 2–7-year-old autistic children over 4–6 years.

**Methods:** At Time 1 (T1), 119 caregivers completed the Coping Health Inventory for Parents (CHIP), Family Impact of Childhood Disability (FICD), Centre for Epidemiology Studies Depression Scale (CES-D), Autism Treatment Evaluation Checklist (ATEC), and Scales of Independent Behavior-Revised (SIB-R). Of those, 50 completed the same measures 4–6 years later (Time 2-T2). Demographic data at T1 and the World Health Organization Quality of Life (WHOQOL) questionnaire at T2 were also collected. The relative contributions of T1 caregiver and child factors in predicting T2 caregiver self-reported depression and quality of life were analysed with multiple regressions.

**Results.** Caregivers' depressive symptoms remained generally stable across 4–6 years (30% at T1 and 38% at T2 scoring at or above the CES-D cut-off), and earlier caregiver depression predicted later caregiver depression. At T2, child adaptive functioning significantly improved compared with T1, while mean child behavioural difficulties (e.g., behaviours disruptive to others, damaging to property, socially offensive or inappropriate) remained generally stable. Caregiver appraisal of the impact of child's autism on the family also did not change much over time, but higher T1 negative caregiver appraisals of their child's diagnosis predicted poorer later social quality of life on the WHOQOL. There were mixed findings regarding the helpfulness of coping patterns assessed by the CHIP, with our findings suggesting that family integration and optimism could be helpful in improving caregiver mental well-being.

**Conclusion.** Modifiable predictors of longer-term caregiver adaptation indicate that in addition to providing early supports for children's adaptive functioning and social communication, caregivers' appraisals of autism, caregiver and family coping strategies, and earlier caregiver depressive symptoms also need to be targeted.

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.

### Predictors of Functioning in Bipolar Disorder: Focused on Functioning Assessment Short Test (FAST)

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**Aims.** Functional outcome can be even more important than syndromic outcomes, as the ability to meet role expectations at work, home, or school and the quality of interpersonal relationships are often cited as the most important outcomes for people with bipolar disorder (BD) and their families. We investigated the factors correlated with functioning by using the Functioning Assessment Short Test (FAST).

**Methods.** A total of 197 bipolar disorder out-patients were involved in this study, 166 (84.3%) were bipolar I disorder (BD-I) patients and 31 (15.7%) were bipolar II (BD-II) patients. We used the FAST for functioning of the patients and the severity of depressive and manic/hypomanic symptoms were measured by bipolar depression rating scale (BDRS) and Young Mania Rating Scale (YMRS). We also examined the disturbances in biological rhythm by the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN).

**Results.** There were significant positive correlations between FAST and numbers of depressive episode, YMRS, BDRS and BRIAN and showed negative correlation between FAST and age at onset of mood disorder. FAST was associated with YMRS ( $\beta=0.3768$ ,  $p < 0.001$ ), BDRS ( $\beta=0.293$ ,  $p < 0.001$ ), BRIAN ( $\beta=0.167$ ,  $p = 0.011$ ), with 47.1% of the variance explained ( $R^2=0.471$ , Durbin-Watson test = 1.51,  $p < 0.001$ ) in multiple linear regression. In other words, residual mood symptoms and biological rhythm imbalance have a negative impact on the functioning of BD patients.

**Conclusion.** Although the other factors must be present to predict the functioning of bipolar disorder patients, manic symptoms, depressive symptoms and biological rhythm imbalance have negative impacts on functioning of BD patients in this study.

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### Identifying Molecular Biomarkers in Attention-Deficit/Hyperactivity Disorder (ADHD) – a Systematic Review of Literature and Appraisal of Evidence

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**Aims.** At the core of medical diagnosis lies specific blood tests, urine analysis, microscopic and histologic examination of tissues, and as well radiological investigations that are usually confirmatory of the presence of a disease. However, the diagnosis of ADHD currently relies on reports of clinical symptoms which is usually subjective, with variable interpretations by different professionals, thus posing issues of misdiagnosis and reliability. This study set out to explore, appraise and summarize molecular biomarkers in literature over the past 30 years, which can be applied for the diagnosis of ADHD.

Attention-deficit/hyperactivity disorder (ADHD) is a common neuropsychiatric and neurobehavioral disorder that affects children and adolescents, and more recently, gaining recognition in adults. It is characterized by a pervasive pattern of inattention, hyperactivity, and impulsivity or a mixture of the three, that cuts across the individual's multiple domains of life.

**Methods.** One-thousand articles collated across multiple sources and databases were systematically reviewed and analysed for this project. The keywords for the search criteria in the Boolean operators are “biomarkers and ADHD”, “molecular biomarkers and ADHD” and “biomarkers and ADHD and Diagnosis”.

**Results.** 5.6% of the articles from several types of studies were included in the final analysis after the inclusion and exclusion criteria were applied. The results revealed various heterogeneity across age, gender, ethnicity, medication status, comorbidities,

and study type, in applying biomarkers to assist in the diagnosis of ADHD. Genetics and epigenetics studies were the most common type of molecular biomarkers studied and identified, accounting for 25% of the results. 80% of the studies analysed blood samples with a few others focusing on saliva, urine, cerebrospinal fluid, hair, and stool samples. All the studies identified focused on diagnostic biomarkers with 25% of them combining either prognostic or response-monitoring subtypes of biomarkers. **Conclusion.** This study identified several potential molecular biomarkers in ADHD. However, most of the results showed only associations between the findings and the diagnosis/occurrence of ADHD. It remains a scientific goal to identify a specific and reliable biomarker for ADHD to assist psychiatrists in making accurate diagnosis. Lastly, it would be pragmatic to explore other types of biomarkers such as radiologic and electro-neurologic markers; given that diagnosis is a constellation of signs and symptoms together with appropriate tests. Combining them logically would increase the specificity of diagnosis of ADHD. This study was completed in partial fulfilment of Master of Science (MSc) in Clinical Psychiatry with the University of South Wales.

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## 2 Education and Training

### Mental Health, Religion, and Spirituality: Knowledge, Attitude, and Practice Among Psychiatrists and Religious Leaders in Baguio City, Philippines

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**Aims.** To assess the knowledge, attitude and practices of psychiatrists and religious leaders in Baguio City, Philippines regarding mental health, religion, and spirituality.

**Methods.** Two sets of questionnaires were adapted from the study of Foskett et al. (2004). Some questions and choices for the corresponding choices for answer were modified according to the objectives of this project. The questionnaires were prepared to collect data on knowledge, attitude and practices of psychiatrists and religious leaders regarding mental health, religion/spirituality (R/S). The questionnaire covered three main areas: (1) the links between mental health, R/S, (2) the state of collaboration between psychiatrists and religious leaders, and (3) the training each had received that was relevant to this area of their work. The platform used in the Data Collection is via Google Forms. In this method, identity of the responders were anonymized. Data like the name, clinic or office address, age, sex, religious affiliation of the responders were not collected. Descriptions and interpretations of the results were done using frequency and percentages and histograms.

**Results.** Among the psychiatrists in Baguio City, only 58.8% responded to the questionnaire. Percentage of R/S leaders who responded could not be accounted due to insufficient data on the registry of all religions/spiritual groups in Baguio.

Neither disciplines has any doubts that there is a link between mental health, and R/S.

Majority of the psychiatrist respondents recognize the relevance of their own religion and spirituality. Their belief and inner resources were integral for their coping and implicitly affects their work.

Although majority of the psychiatrists think that referring a patient to R/S leaders should always be the case, and referring the terminally ill will be useful.

Majority (80%) of the psychiatrist respondents are not familiar with their institution's chaplain coordinator/unit. Also, majority (80%) never made a referral to the chaplain. It is also noted that 50% of the psychiatrist respondents did not receive referral from R/S leaders.

Majority of psychiatrists responders did not receive training on R/S aspect of mental health prior and during their qualification.

On the other hand, about 35% of the R/S leaders have a training on mental health prior and during their qualification. Religious/spiritual leader respondents equally think that they need further training on mental health.

**Conclusion.** Psychiatrist and religious/spiritual leaders both recognize the role of R/S in mental health. The relationship of the two professions in collaborating still needs strengthening by collaboration, education, and training.

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### Psychiatry Residents' Views on Quality of Psychotherapy Training in Pakistan: A Cross-Sectional Survey

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**Aims.** Several modalities of psychotherapies have an established therapeutic evidence base for many psychiatric disorders. Stakeholders around the world including the Royal College of Psychiatrists, recommend training of psychiatry trainees in psychotherapy as part of Psychiatry training. However, the quality and quantity of training in psychotherapy differ across different regions. Psychiatry training programmes in high-income countries are regularly audited to ensure minimum standards of training in psychotherapies among psychiatry trainees. There is a lack of reporting regarding psychotherapy training in low- and middle-income countries such as Pakistan. This study explores the experiences of Pakistan-based psychiatry residents regarding their psychotherapy training within the fellowship programme of the College of Physicians and Surgeons (FCPS) Pakistan.

**Methods.** This study employs a mixed-method survey approach, targeting psychiatry trainees registered with College of Physicians and Surgeons (CPSP) four-year training programme (FCPS) across different cities of Pakistan. Utilising a convenience sampling strategy supplemented by the snowball sampling method, an electronic survey was disseminated using social media platform over a 4-week period. The survey was anonymous and structured into three sections; essential demographic data of the participants, experiences with psychotherapy training, and open-ended questions allowing participants to freely express