

**Methods.** We used data from the Mental Health of Children and Young People 2017 survey, a stratified probability sample of children and their parents and teachers across England. The screening questions from the Eating Disorders module of the Development and Wellbeing Assessment (DAWBA) was completed by all children aged 11–19, all parents of children ages 11–16 and parents of children ages 17–19 where consent was given. Individuals were classified as screening positive for possible eating problems if they had one or more self-reported symptoms, or two or more parent-reported symptoms. We describe the proportion of individuals screening positive by age, sex, co-morbidities, and household income.

Individuals also answered questions about help seeking from different sources (in relation to any mental health concern). We classify these sources of support as informal, professional and specialist.

We analysed all data using Stata 17.

**Results.** A total of 36.4% (95% CI 34.8, 38.1) of children and young people aged 11–17 in England screened positive for a possible eating problem, including 47.6% of females (95% CI 45.3, 50.0) and 25.6% of males (95% CI 23.7, 27.8). 60.7% (95% CI 57.9, 63.4) of individuals who screened positive reported that they received no help over the previous year; 13.1% (95% CI 11.2, 15.4) had received informal help only; 17.0% (95% CI 15.0, 19.3) had professional but not specialist help; and 9.13% (95% CI 7.67, 10.9) had received specialist help. High proportions of individuals who received support from formal services during the year prior to the survey screened positive for possible eating problems: 42.7% (95% CI 38.6, 47.0) for teachers, 46.9% (95% CI 40.9, 53.0) for GPs, 32.2% (95% CI 23.1, 42.9) for Paediatrics and Child Health and 50.0% (95% CI 43.1, 56.8) for Mental Health Services.

**Conclusion.** Despite high numbers of young people screening positive for a possible eating problem, rates of help seeking in this group were low. Conversely, high proportions of those seeking professional help have a possible eating problem.

Clinicians should be aware of the high proportions of individuals with possible eating problems accessing their services. Future research should aim to increase help seeking in individuals with possible eating problems.

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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.

### Living Alongside an Eating Disorder: A Qualitative Exploration of the Experiences of People in the UK Who Have an Adult Family Member Living With an Eating Disorder

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**Aims.** Eating disorders do not only affect the person who is suffering, but also their family. This qualitative study aims to understand the impacts on individuals who have an adult family member with an eating disorder, and what support they seek for their own well-being.

**Methods.** A convenience sample of 11 volunteer participants (10 family members and 1 charity worker) from the United Kingdom (UK) were recruited for interviews. Four UK eating disorder charities assisted with outreach by sharing the Participant Information

Sheet to their service users. Semi-structured interviews were conducted between February and March 2023. Interviews lasted on average 54 minutes and were recorded on video call (n = 9) or face-to-face on the University of Edinburgh campus (n = 2). Transcripts were analysed using thematic analysis, following a grounded-theory constructivist approach.

**Results.** Participants discussed how their lives were changed by engaging with the care of their family member, leading to a shift in family dynamics and a change in understanding of what it means to be a ‘normal’ family. Most interviewees perceived their relative’s eating disorder as a negative disruption to their own life, however one participant said that it had no negative impact on his well-being at all. Conflict in the household was a regular outcome, with four interviewees all using the phrase “treading on eggshells”. Siblings of adults with an eating disorder were described by their parents as being excluded from the family due to the ongoing parental focus on the healing of their child. Some participants accessed support groups and social media to connect with other families working through similar challenges.

**Conclusion.** Having an adult family member with an eating disorder impacts the wider social network of the family. This dissertation argues that the socially constructed meanings of ‘care’ and ‘normality’, alongside the social relations with people placed in similar positions, inform the lived experiences of these individuals. This study’s newfound illness narrative of ‘normality’ theorises that some people do not strive to help their relative with an eating disorder because it has already constructed the meaning of their normal life. Future research should aim to recruit a greater variation of participants, including more fathers, children, and siblings. This work endeavours to increase awareness of the support which families need during this time. It therefore opens the opportunity to consider how existing resources and services, both in healthcare and the third-sector, can be improved in the future.

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### Suicide Prevention Intervention for Adults Presenting With Self-Harm in Pakistan: Cost-Effectiveness Analysis

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**Aims.** Suicide is a serious global public health concern. Most suicide related deaths occur in low- and middle-income countries (LMICs) such as Pakistan. Self-harm is a major predictor of death by suicide and has cost implications both in terms of treatment and subsequent suicide. Therefore, culturally relevant interventions that have the potential to reduce self-harm in Pakistan may have major implications for the costs incurred by service provision and productivity losses due to illness or premature death. This trial investigated the clinical and cost effectiveness of the CMAP intervention versus enhanced treatment as usual (E-TAU) to reduce self-harm over 12 months in Pakistan.