

comprehensive literature searching, screening and data extraction.

Methods. Conducted as a scoping review; MEDLINE, Embase and APA PsycInfo were searched using the terms: “Very-Late Onset Schizophrenia-Like Psychosis”, “VLOSLP”, “Geriatric Psychosis” and “Geriatric Schizophrenia”. Inclusion criteria focused on psychosis with onset at 60 years or older and the identification of at least one potential risk factor. Studies were excluded which did not specifically refer to age of onset or concerned psychosis with an attributable organic cause. Thematic analysis was used to categorise risk factors into biological and psychosocial themes, followed by further organisation into specific subthemes.

Results. Out of 326 initial results, 41 studies met inclusion criteria and underwent data analysis. Key risk factors included female gender, sensory impairment, social isolation, and migration, with potential interconnections identified between factors. Postulated mechanisms for the role of a risk factor in VLOSLP development recorded in the literature were included in the review. Mechanisms showed potential co-linkage between subthemes of risk factor. Migration status was also shown to impact gender as a risk factor, with male migrants experiencing higher rates of VLOSLP than their female counterparts. Thematic analysis highlighted how social isolation, a prominent risk factor, might be linked to, or reinforced by, sensory impairment, trauma, bereavement, and premorbid personality traits.

Conclusion. The scoping review revealed that risk factors for VLOSLP span across biological, social, and psychological domains, with the findings contributing to the broader understanding of schizophrenia-like psychoses in the elderly population. Social isolation emerged as a widely-cited factor, reiterating the importance of managing risk factors for VLOSLP in vulnerable individuals via a holistic and multidisciplinary approach. Results bring attention to the bi-directional relationships between risk factors and psychotic illness, with perceived risk factors a potential consequence of the psychosis. In response to this, future work may involve large-cohort longitudinal studies to outline temporal relationships between risk factors and symptom development.

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What Are the Precipitating Factors of Suicide in South Korea? A Systematic Review

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Aims. Today the problem of suicide remains one of the topical issues among Asian countries like South Korea. The primary objective of this Systematic Review (SR) was the identification of the risk factors in suicide attempts and completions in South Korea. South Korea has one of the highest reported suicide rates in the world, and there was no prior systematic review on this topic. The main intention was to provide evidence-based results for future research studies and to inform suicide prevention policies.

Methods. PubMed, Science Direct, and Medline databases were searched from 1990 to October 2022. Studies focused on the problem of suicide in South Korea were selected with an emphasis on risk factors. Since the rate of suicide rises with age, studies examining 18-year-olds and above were included. Studies examining people of different sociodemographic backgrounds and people diagnosed with psychiatric/psychological disorders and those who attempted suicide, as well as those without a psychiatric/psychological problem, were also included. To assess the overall quality of the included studies, the Critical Appraisal Skills Programme (CASP) checklist was applied for the evaluation of case-control and cohort studies. The National Institutes of Health (NIH) Quality Assessment Tool was implemented for the evaluation of cross-sectional studies. The Jadad Scale was used to assess the risk of bias. PRISMA reporting guidelines were followed.

Results. Ten studies met the eligibility criteria to be included in SR: Four cross-sectional, two cross-cultural, and four cohort studies. Risk of bias assessment demonstrated low quality and moderate risk of bias. The quality assessment showed an acceptable level of relevance and quality. Findings suggested factors leading to suicide in South Korea were mental health conditions, financial status, such as unemployment and low income, education level less than high school, and households with poor living conditions. The identified risk factors significantly increased the likelihood of suicide ideation, suicide attempt and suicide completion among people in South Korea. Stigma was identified as a barrier to those with mental health conditions seeking professional help.

Conclusion. The identified risk factors are similar across the world; however, the suicide rates are not as high in other Western cultures as they are in South Korea. Future studies could compare Western countries to hierarchical countries to identify if there are any local risk factors that can help guide local prevention policies and educational programs with city officials' engagement. Moreover, it would be essential to investigate the impact of stigma thoroughly since it is still hard to clarify whether it is a cultural issue or a worldwide issue preventing individuals from getting professional help.

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Disordered Eating and Service Contact in a Representative UK Sample

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Aims.

Aim 1: Identify the proportion of 11–19-year-olds in the Mental Health of Children and Young People 2017 survey screening positive for a possible eating problem, using the Development and Wellbeing Assessment.

Aim 2: Describe patterns of service contact in individuals screening positive for possible eating problems.

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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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.