

Research design adopted for the present study was descriptive, explorative of non experimental study.

Setting of the study was the relief camp operated for victims of climate change and natural disasters ie cyclone yash 2021.

Sampling technique adopted for the present study was simple random sampling.

Instruments used -

PCL 5 questionnaires

socio demographic pro forma.

The data were collected and analysed by means of descriptive and inferential statistics.

Results. Analysis shows that there is statistical correlation between post traumatic stress disorder and subjects exposed to climate change events such as cyclone Yash.

Initial research suggests that a PCL-5 cut-off score between 31 and 33 is indicative of probable PTSD across samples.

In our study the mean pcl 5 value from the data assessment is 70.67 with standard deviation of 4.61. The mean age of the group was 13 years and the family income was Rs 50,804 .

The mean education level of the subjects is class 7.

Further assessment by linear regression analyses shows that female subjects are more prone to post traumatic stress disorder and higher income groups are more susceptible to ptsd.

As shown by higher values as per the pcl 5 scale.

It is evident that events linked to climate change and natural disasters such as cyclone Yash contribute to the development of PTSD as the values are above the cut of score of 33 and are increased across all 20 parameters of the PTSD Scale PCL-5.

Conclusion. Our study clearly demonstrates the impact of climate change and natural disasters on the mental health status of people living in disaster prone areas especially the child and adolescent population.

Our study group was child and adolescent population between 10 and 15 years.

The study was done in very difficult settings as our relief team with volunteers and psychologists had to travel to gosaba and sunderban region of West Bengal which had been devastated by cyclone Yash .

The psychologist and volunteers had to collect data in disasters affected zone , yet they collected data which gave a clear cut findings and a very clear statement on climate change and mental health.

The Royal College of Psychiatry was an observer in the recent international Congress on Climate change and had expressed concern over the impact of climate change on mental health.

Our study shows the profound impact natural disasters have on mental health similar to post-traumatic stress disorder.

Our study vindicates the position of the Royal College of Psychiatry on climate change and natural disasters.

The values are very high and consistent in most subjects across all twenty domains.

Our study group was child and adolescent, the most vulnerable group amongst the affected population.

It is our opinion that Mental health support should be provided for all victims of climate change and natural disasters and government should invest in resources for protection of vulnerable communities from the ravages of natural disasters.

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.

Assessment of Knowledge About Frailty Syndrome Among Doctors and Its Intervention: A Literature Review

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Aims. Under-detection of frailty syndrome or sarcopenia can result in significant mortality and morbidity among elderly patients, especially in old-age mental health settings. Therefore, it is crucial to ensure doctors are equipped with the competency of early identification and management of frailty syndrome. To date, there is limited information about any systematic approaches to assess and improve the knowledge, attitude, and practice of doctors about frailty syndrome. This literature review is aimed to identify the tools used to assess the knowledge of doctors about frailty syndrome and the available educational intervention to improve doctors' knowledge.

Methods. A literature search was performed in Google Scholar, PubMed, SCOPUS, Ovid, and EMBASE using the keywords of "frailty syndrome" AND "knowledge" AND "doctors". Data collected included the assessment tool used to understand the knowledge level and the intervention used to improve the knowledge. The inclusion criteria were: studies published in English in the last 10 years which assessed the knowledge of doctors about frailty syndrome.

Results. There were five studies fulfilling the inclusion criteria after the title and abstract screening, two from the Americas, two from Europe, and one from Australia.

The target group of studies involved general practitioners and doctors working in the primary healthcare setting (three), orthopaedic surgeons (one), and doctors working in the trauma setting (one). Two of the studies included non-medical healthcare practitioners as their participants.

One study used qualitative semi-structured individual interviews, two used a self-report questionnaire, one combined knowledge testing and self-report questionnaire, and one study compared the clinical assessment with a validated tool.

Only one study provided an educational intervention, i.e., a single-day training course conducted by three geriatricians.

Conclusion. Despite a comprehensive search, there were limited studies identified on this topic. The methods used to assess doctors' knowledge about frailty syndrome are heterogeneous and no standardised tool has been identified in the process. There is only one study using educational intervention to improve knowledge, which was found to be effective and sustainable based on the change in self-perception, i.e. Kirkpatrick Level 1 of evaluation. There is a need to develop systematic assessment approaches or tools and training modules to improve the knowledge of doctors about frailty syndrome. Nevertheless, this review is limited only to studies published in English.

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Well-Track' Project: Fitbit Based Intervention for Early Intervention in Psychosis (EIP) Patients to Improve Sleep, Physical Activity, and Well-being and Prevent Weight Gain

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Aims. Physical activity, sleep, mental health, physical health, well-being, quality of life, cognition, and functioning are interconnected factors. Compared to general population average, people experiencing psychosis have lower levels of physical activity, high levels of sedation, and more sleep problems (Soundy et al. 2013; Vancampfort et al. 2015). This is linked to symptoms of depression, lower well-being, hopelessness, lower quality of life and physical health conditions, such as: cardiovascular disease (CVD), stroke, hypertension, osteoarthritis, diabetes, and chronic obstructive pulmonary disease (COPD) (Rhodes et al. 2017; Schuch et al. 2017). Engaging in physical activity is associated with improved quality of life, psychotic symptomatology, cognition, functioning and physical health for people with psychosis experience (Mittal et al. 2017). To be effective, interventions need to be individualised (Griffiths et al. 2021). An early intervention in psychosis (EIP) service intervention was delivered: the provision of a Fitbit and its software apps, sleep hygiene and physical activity guidance, motivational interviewing, workbook goal setting through three sessions with a clinician. EIP service staff used Fitbits themselves, sharing experiences with patients. Aim was to improve sleep, physical activity, well-being, and prevent weight gain.

Methods. Outcome measure data collection from baseline to 6 week follow-up. Change in physical activity, sleep, mental health, well-being and physical weight were assessed in 50 participants, and fifteen participants were interviewed. People with lived experience of psychosis were part of the research team and contributed to design, analysis and reporting.

Results. Improvements were found in physical activity, sleep, mental health, and well-being, and there was no weight gain. Most patients actively used the Fitbit and its software apps, guidance and workbook to set goals and to make positive changes to their lifestyle and daily routines to improve motivation, quality of sleep, and level of physical activity.

Conclusion. Healthy effective sleep and physical activity/exercise is important to EIP service patients' well-being and mental and physical health. EIP staff successfully and fully integrated the Well-Track intervention into routine service provision. The project has better allowed staff to effectively engage with and discuss issues around sleep, physical activity, well-being and mental health and reducing weight gain. The intervention was beneficial, relatively easy and low cost to implement, and well-liked by patients and staff; and therefore could be offered by all EIP services. EIP services should consider and assess sleep and physical activity/exercise issues and promote healthy effective sleep and physical activity/exercise within recovery focused practice.

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Who Is Calling: A Change in the Profile of the Callers of a Crisis Phone Line During the First Three Waves of the COVID-19 Pandemic

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Aims. 'Mental Health Answers' [Salud Mental Responde] is a Crisis Telephone Line that was developed during the first months of the COVID-19 pandemic in the Autonomous City of Buenos Aires, Argentina. It is also a Point of Entry to Mental Health services, providing assisted referrals to the appropriate level of care. The aim of this paper is to evaluate the profile of the callers to the line during the first three waves of COVID-19.

Methods. Retrospective case analysis of calls made to the telephone line throughout the different COVID-19 waves under study. For this analysis, the time frame for the first three waves was as follows. First wave: from 1 August to 30 of November 2020; second wave: 15 of March to 30 of July 2021; third wave: from 20 of December 2021 to 25 January 2022.

Results. The first wave lasted 122 days. 4,601 calls were recorded, 27 calls were discarded for missing data. Women's mean age 51.79, SD 17.3, n = 3355. Men's mean age 43.29, SD 15.52, n = 1219. Significant differences were found in age, being men younger ($T = -15.764$, $p < 0.000$). Women made the majority of calls (72.9%). Fear and anxiety represented 45.1% of calls, depression 27.3% and psychosis 9%.

The second wave lasted 138 days and there were 4051 calls. Again, most of calls were made by women (71.5%). There were significant differences in age, being men younger ($T = 14.450$, $p < 0.000$). Women's mean age 46.68, SD = 18.72, n = 2872; men's mean age 38.05, SD = 16.34, n = 1138. The three most common detected problems were fear and anxiety 53.3%, depression 14.9% and psychosis 18.3%.

The third wave lasted 36 days; it had 1117 calls. Most calls made by women, 70.5%. Men were younger and this difference was significant (women's mean age 46.09, men's mean age 42.54; $T = 3.233$, $p = 0.001$). Problems detected, fear and anxiety 37.6%, depression 4.5% and psychosis 32.7%.

Conclusion. There was a change in the caller profile throughout the studied period, the callers from the first wave were older than the ones from the second and third waves. There was a change in the motivation to call, the most noticeable changes the drop in the number of calls related to depression (from 27.3% to 4.5%) and the increase in calls related to psychotic problems (from 9% to 32.7%). This last change might be related to the shift in the use of the Phonenumber, from a Crisis Line to a Point of Entry to Mental Health Services.

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Stigma, Secrecy and Masculine Norms: A Systematic Review of How Perinatal Mental Illness in Men and Their Partners Is Experienced by Males

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Aims. Background: In recent years, fathers have become increasingly involved in pregnancy and childcare and the concept of paternal perinatal mental illness (PMI) has gained research interest. There has been increased recognition of the impact of parenthood on the mental health of males, particularly in first time