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Aims. Apathy is a complex clinical, neurobehavioural and neurobiological construct that occurs across a range of neuropsychiatric disorders. Apathy is defined as persistent, diminished motivation with impairments in goal-directed behaviour, thought, cognitive activity and emotions. Apathy negatively impacts on participation/engagement in rehabilitation and community reintegration, quality of life, and increased occupational and economic burden on families and traumatic brain injury (TBI) patients. Apathy is among the most common sequelae of TBI, with prevalence estimated to be in excess of 10%, and up to 60% in comorbid depression and apathy.

There is no standard treatment for apathy, although anecdotal evidence suggests that Modafinil may be effective. Current pharmacological management strategies focus on addressing the comorbidities associated with it: e.g. acetylcholinesterase inhibitors to treat both Alzheimer's disease and apathy; dopaminergic agonists for Parkinson's disease and apathy; and antidepressants for depression and apathy.

This literature review will assess the clinical evidence of Modafinil, and recommended use for treating post-TBI apathy.

Methods. An extensive search was conducted in the major databases, PsychInfo, Cochrane, Europe PMC, PubMed, EMBASE and MEDLINE, to evaluate Modafinil treatment for apathy in TBI patients. Additionally, the literature review included extra sources found in the citations. Out of 70 citations, only one was accepted for further analysis. The remaining citations were rejected due to their ineligible abstracts, absence of pharmacological interventions, inclusion of non-TBI apathy and being non-English language articles. **Results.** The accepted paper did not meet Level III evidence or better following analysis.

The review however identified case reports suggesting the potential effectiveness of Modafinil in treating post-TBI apathy.

Although the exact mechanism of action of Modafinil remains unclear, it is associated with improvement in working memory, attention and prefrontal-dependent cognitive function. This improvement is linked to elevated levels of extracellular dopamine, norepinephrine, serotonin, glutamate and histamine, as well as decreased GABA levels. Modafinil activates the anterior cingulate cortex, and shows positive correlation with cognitive improvement. Neuroanatomically, there is a strong association between apathy and disruption of the cortico-basal ganglia loop, involving the dorsal anterior cingulate cortex, ventral striatum and connected brain regions. Modafinil possibly has unexplored benefits in improving apathy through activation of the anterior cingulate cortex.

Conclusion. There is limited empirical evidence for effective treatments for post-TBI apathy. This review emphasizes the urgent need for further research that aligns with underlying neuroanatomical pathology in order to determine the most effective psychopharmacological interventions for managing post-TBI apathy.

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.

Investigating History of Suicidal Ideation Among Patients Attending Early Intervention for Psychosis Services: A Retrospective Analysis Using Clinical Records

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Aims. Previous population-based studies have identified suicidal ideation (SI) as a potential risk marker for psychosis. We aimed to investigate the prevalence of previous SI in a large sample of patients with first episode of psychosis accepted to early intervention services (EIS) in South London and Maudsley (SLaM) NHS Foundation Trust using clinical records. We further aimed to investigate differences in patients with and without recorded SI according to age at diagnosis, gender, ethnicity and neighbourhood deprivation.

Methods. We designed a retrospective cohort using the Clinical Record Interactive System. Included were patients who were accepted by SLaM EIS from 2015–2018 and received a psychotic disorder diagnosis ($n = 1658$). We used a natural language processing algorithm that searches deidentified textual clinical records, returning a binary variable indicating presence or absence of SI recorded at any time prior to acceptance to EIS. The algorithm has high precision (97%) and inter-rater reliability (Cohen's $k = 0.92$). The t-test was used to compare mean age at first diagnosis in patients with and without recorded SI, while chi-squared tests evaluated differences according to gender, ethnicity and tertiles of index of multiple deprivation (based on 2015 postcode). The significance threshold was $p = 0.05$.

Results. The cohort included 1658 patients, of whom 656 (39.6%) were female. The natural language processing algorithm identified 600 patients (36.2%) who had SI recorded in their clinical records at any time prior to acceptance by EIS. On average, patients with recorded SI were younger at first diagnosis of psychotic disorder (mean 27.7 years, standard deviation 10.5) compared with patients without recorded SI (mean 30.1 years, standard deviation 11.2; $p < 0.001$). There was little evidence for differences on gender ($p = 0.950$), ethnicity ($p = 0.059$) or deprivation index ($p = 0.597$).

Conclusion. Approximately 1 in 3 patients attending SLaM EIS had evidence of SI recorded prior to acceptance by EIS. Consistent with previous studies, the current findings emphasise the high prevalence of SI in this clinical population. Compared with those without SI, patients with recorded SI were on average 2–3 years younger at diagnosis. This may reflect general population age differences in prevalence of suicidal ideation; increased severity of illness with earlier age of onset; or patterns of contact with services which facilitated earlier diagnosis. There was little evidence that patients with and without recorded SI differed significantly on gender, ethnicity or neighbourhood deprivation. Prospective studies would be helpful to assess whether SI is a risk marker for first episode of psychosis.

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Systematic Review of Referral and Care Pathways for Children and Young People of Black Ethnicity Through Child and Adolescent Mental Health Services Compared With Other Ethnic Groups: An International Comparison

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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.

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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,