

**Aims:** Studies have shown an elevated risk of psychosis among migrants and ethnic minorities, but there has been little investigation of risks for Irish and Chinese ethnic groups in the UK. The aim of this study is to investigate the risk of first-episode psychosis in White Irish and Chinese ethnic groups compared with the White British population in West Yorkshire.

**Methods:** Data from local census and two Early Intervention in Psychosis services for individuals aged 15–34 with first episode psychosis between 2013–2015 was collected. Risk ratios for combined locations were calculated using Mantel–Haenszel fixed effects models.

**Results:** The White Irish group showed a non-significant but consistent trend of around a 2-fold elevated risk of first episode psychosis (RR 2.27, 95% CI 0.95 to 5.46). The Chinese group did not show a significantly elevated risk (RR 0.4, 95% CI 0.13 to 1.25).

**Conclusion:** Although not statistically significant, the study suggests a consistent trend of elevated psychosis risk in the White Irish group. Further research is needed to validate these findings and determine key contributing factors.

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.

## A Comparison of the Mental Health Legislations in the Australian Capital Territory (ACT) and England and Wales (E&W) and the Resulting Impacts on Involuntary Hospitalisation Rates, Average Detention Lengths and Tribunal Reviews

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**Aims:** With reform planned for the England and Wales (E&W) Mental Health Act (MHA)1983 as amended by the MHA 2007, a comparison of the current E&W Act with the Australian Capital Territory (ACT) MHA 2015 was undertaken, including to examine whether differences were associated with variations in involuntary hospitalisation and Tribunal reviews.

**Methods:** A comparative analysis was conducted examining the E&W and ACT MHAs. Cross-jurisdictional analysis incorporated datasets from the Office for National Statistics (E&W) and ACT Health Services for three key metrics: per capita involuntary admission rates, mean duration of detentions, and frequency of Tribunal reviews, and analysed in relation to both legislative frameworks.

**Results:** The ACT mental disorder definition is narrower, includes intellectual disability but not personality disorder. Applications for the 3-month renewable ACT Psychiatric Treatment Order (PTO), limited to mental illness, are made to the ACT Civil and Administrative Tribunal (ACAT). It applies in hospital, the community, or correctional facilities. In E&W, the comparable Section 3: Admission for treatment detention period is 6 months. ACAT can authorise compulsory medication and ECT, a role in E&W of a Second Opinion Appointed Doctor (SOAD).

Criminal courts can request ACAT to assess a defendant for fitness to enter a plea and if not guilty by reason of mental impairment. This is the criminal courts' role alone in E&W.

In E&W Crown Courts can make 'hybrid orders', a sentence of imprisonment allowing for treatment in hospital ensuring offenders are placed where their mental health needs can be best met.

Comparing E&W with ACT, the respective approximate populations served were 56 million and 431,000 and the annual involuntary hospitalisation numbers were 48,000–50,000 compared with 300–350 (statistically not significant; 0.087% compared with 0.075% of the population).

The average detention length was longer in E&W (30–45 days compared with 21–35) which has more Forensic units than the ACT.

Annual numbers of Tribunal reviews were 7000–8000 in E&W, while in ACT 200–250, per detained patient significantly more ( $p < 0.0001$ ).

**Conclusion:** The definition of mental disorder differs between the two legislations. The new MHA reforms in E&W will raise threshold for detention and require faster access to Tribunals. The ACT PTO applies to patients not only involuntarily hospitalised, but to those in the community and correctional facilities. This, with shorter detention periods and more frequent Tribunal reviews, may be factors in the shorter detention lengths in hospital in ACT compared with E&W.

Compared with E&W, there is a much greater role for the ACAT Mental Health Tribunal, including in authorising mental health orders, medication and ECT, which likely accounts for the significantly greater use of Tribunals in ACT.

In comparison to E&W, ACAT hearings are briefer and rely more on written than oral evidence. Innovatively, ACAT can be delegated by a Criminal Court to determine medico-legal issues in defendants.

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## Comparative Safety Profiles of Anti-Amyloid Therapies in Early Alzheimer's Disease (AD): A Detailed Systematic Review and Meta-Regression Analysis of Amyloid Related Imaging Abnormalities (ARIA) – Incidence and Infusion Reactions for Lecanemab, Donanemab, and Aducanumab.

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**Aims:** Alzheimer's disease continues to be a huge health concern around the globe. Although similar recent developments in anti-amyloid therapy are promising, there is concern about some side effects like ARIA. The purpose of this meta-analysis was to systematically review and compare the safety characteristics of three of the most promising anti-amyloid drugs: lecanemab, donanemab and aducanumab, specifically, the frequency of ARIA-E (oedema) and ARIA-H (haemorrhage).

**Methods:** The present systematic review included only high-quality randomized controlled trials, randomized controlled trials with non-parametric data, and meta-analyses. Data was analysed and visualized by using forest plots, funnel plots and bubble plots. The degree of heterogeneity was examined by  $I^2$  of statistics.

**Results:** The antibody lecanemab had the lowest ARIA-E rate at 12.6% and the highest infusion reaction rate at 26.4%. Mild ARIA-E was evident in 24.0% of the participants, whereas mild ARIA-H was detected in 19.7% of the subjects.