

type of epilepsy, monotherapy or polytherapy or family history of psychiatric illness.

Conclusion. A higher proportion of adolescents with epilepsy were identified to risk of having a psychiatric morbidity, which can possibly impair the quality of life and treatment outcome, particularly in Indian context.

Early identification of such disorders using screening tools and a multidisciplinary approach for managing them at the earliest can possibly improve the outcome, for which further research is recommended.

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Perception of Trainees and Trainers Working in Birmingham and Solihull Mental Health NHS Foundation Trust About Exception Reporting and Its Implication on Medical Education - a Qualitative and Quantitative Research

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Aims. The aim of this research was to explore if exception reporting (ER) has improved the work life balance of junior doctors, and if safeguards proposed during junior doctors' contract have helped doctors in raising concerns about unsafe work patterns or any missed training opportunities.

Methods. This study was reviewed and approved by the Health Research Authority (HRA). We reviewed the number and nature of exception reports completed by trainees between January 2017 and February 2020 by analysing the available ER data (obtained from Guardian of Safe Working) and explored perception of trainees and trainers about exception reporting (ER) by using semi structured and structured surveys. The target population included Core Psychiatry Trainees, GPVTS, Speciality Trainees, Foundation year Trainees and Consultant Psychiatrists.

Results. About 383 exceptions were reported between February 2017 and February 2020 by trainees in BSMHFT. Two separate surveys emailed to trainees and trainers (between December 2020 and July 2021) collected 35 responses from trainees and 22 from trainers.

80% of the trainees had not reported any exceptions in the last one year and 57.14% of the trainers never got involved in exception reporting. Main issues reported were working unsafe hours by trainees (15%), working beyond rostered hours (52.38%) trainers and (52.38%) trainees, failing to achieve educational goals (4.76%) trainers and (10%) trainees, impact on clinical supervision (4.76%) trainers. Reasons for failing ER "Too busy (58.06%), reporting makes no difference (29.03%), a culture to discourage exceptions (29.03%), didn't have logins (16.13%), did not know how to report (35.48%), other reasons. Time off in lieu (TOIL) was commonly reported outcome by trainees (69%) and trainers (62%). 62.07% trainees and 57.14% of trainers neither agreed nor disagreed that ER had improved the quality of training.

Trainees (43.67%) and trainers (58.82%) both did not think that TOIL had resulted in reduction in training time (never

44%). 51.74 % trainees neither agreed nor disagreed that ER made any improvement to their work life balance.

Conclusion. This is the first, mixed method, research looking at both exception reporting data and perception of trainees and trainers. Emerging themes for failure to exception report are guilt, self-blame, culture to discourage, too time consuming, busy workplace, not to offend, reflects being weak.

This research can have wider implications if applied across other trusts nationally, exploring emerging themes. Reasons for declining number of ER needs further exploring of trainees' anxiety, regarding implications and repercussions of ER, impact of TOIL on continuity of care.

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A Systematic Review of Cognitive Behavioural Therapy as a Non-Pharmacological Intervention for School Aged Children With ADHD

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Aims. The aim of this poster is to illustrate a systematic review exploring Cognitive Behavioural Therapy (CBT) as a Non-Pharmacological Intervention for School Aged Children with Attention Deficit Hyperactivity Disorder (ADHD). CBT is a common behavioural intervention in several child and adolescent psychopathologies as reported by Ramsay (2010); Solanto et al. (2010); Ramsay (2012); and Lopez et al. (2018). It is recommended as a non-pharmacological intervention alongside parent training, in school-aged children with a moderate severity of ADHD symptoms (National Institute for Health Care and Excellence [NICE] 2018b). This systematic review aimed to evaluate the effects of CBT as an intervention for ADHD in school-aged children. The research objective was to assess the effects of CBT in reducing the core symptoms of ADHD.

Methods. A search strategy was developed and a search of four databases initially yielded 1100 results. The search was then limited to randomised controlled trials (RCT) which evaluated the efficacy of CBT compared with treatment as usual, no treatment, and waitlist, in school-aged children. Inclusion criteria included participants who were diagnosed by a medical professional, and participants under the age of 18 in full-time, mainstream education. Those with co-morbid autism or tic disorder and those with an intellectual disability were excluded.

Results. Six RCTs met the inclusion criteria. The age range of participants was 8–18 years. The medication status of participants varied across the included studies. A narrative synthesis of the results included assessment of methodological quality and risk of bias. Jadad scores were used alongside the Cochrane Risk of Bias Tool (RoB 2) for RCTs, to assess the quality of evidence. The studies all included different modalities of CBT intervention and a variety of measurement tools.

Conclusion. The findings support the use of CBT as a non-pharmacological intervention to reduce the severity of ADHD symptoms in adolescents. However, as there were no available studies that included children aged under 8 years, the findings cannot support the use of CBT in the reduction of severity of ADHD symptoms in this group. Methodological issues within the study designs mean the findings need to be treated with