

student motivation for a future career in which they would have a therapeutic role working with people with mental illnesses. Thirdly, student knowledge, or lack of it, around what a career in psychology or other mental health careers would entail, and the pathways to these.

Conclusion. There remains uncertainty in young people regarding what the different types of mental health practitioner roles are, and the career pathways to these. More detailed, accurate information made available to students interested in working with people with a mental illness may lead to more students considering a career in mental health nursing or medicine (and then psychiatry) as an alternative to a psychology. It is important that those aspiring to become clinical psychologists understand the qualifications required and competitive nature of this profession. Inaccurate information runs the risk of students acquiring significant university debt, only to find they are not qualified for the type of role they envisaged. A lack of accurate, high quality and timely careers information may also be depriving psychiatry and mental health nursing of enthusiastic, able and motivated students. This study adds support to the need for better careers guidance and awareness around mental health careers for school and sixth form students.

Is Cannabis Abstinence Related to Subsequent Reduced Risk of Psychosis? a Nested Retrospective Case Control Hierarchical Survival Analysis

Dr Rafael Gafoor*

UCL, London, United Kingdom

*Presenting author.

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Aims. There is strong evidence from systematic reviews and meta-analyses that cannabis use is related to an elevated risk of developing a subsequent psychotic illness. It is less clear if the length of cannabis abstinence is related to the risk of developing a psychotic episode. We explore the relationship between length of cannabis abstinence and subsequent risk of a psychotic episode.

Methods. We included patients aged 18–64 years who presented to psychiatric services in 11 sites across Europe and Brazil with first-episode psychosis and recruited controls representative of the local populations. We excluded all patients who reported no past history of cannabis use. We carried out hierarchical survival analyses on probability weighted data to examine the relative hazards of cessation of cannabis abstinence between cases and controls. Data on cannabis abstinence were collected retrospectively by participant recollection. We controlled for ethnicity, age, length of education and history of cigarette smoking. Proportionality assumptions were verified using Kaplan Meier plots, log-log plots and scaled Schoenfeld residuals. There was some evidence of non-proportional hazards and the assumptions of proportionality were relaxed by introducing case-ness as a time varying co-variate with time specified as its natural log.

Results. We included 506 cases and 482 controls with a mean age of 30.12 years (sd = 9.97). Cases had an elevated hazard ratio of cannabis use versus cannabis abstinence in controls (HR = 6.11 [SE = 1.43; $p < 0.001$]). There was no evidence of a difference associated with ethnicity ($p = 0.198$) but there were statistically significant differences at the 5% level between age groups. Ages 23–27 had a hazard ratio of 0.528 (SE = 0.064; $p < 0.001$) versus those 18–22 years old. For ages 28–32, 33–44 and 43 to 64, the hazards ratios were 0.311, 0.110 and 0.100 (all statistically significant; $p < 0.001$) respectively.

Conclusion. Abstinence of cannabis use is related to a reduced hazard of having a subsequent psychotic episode. The magnitude of the hazards for a subsequent psychotic illness is highest in those 18–22 years old and decreases with increasing age. Cannabis cessation maintenance therapies may have greater impact if targeting younger rather than older cannabis users who are at an elevated risk of developing a psychotic illness.

An Explorative Study to Assess the Suicidal Risk Amongst Infertile Patients

Dr Baidyanath Ghosh Dastidar*

Calcutta National Medical College, Kolkata, India

*Presenting author.

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Aims. To assess the psychosocial impact of infertility amongst female infertile patients including suicidal risk/ suicidal ideation in the given study population.

Methods. A total of 300 women attending the Obstetrics and Gynecology out patients department of a tertiary hospital in Kolkata, India were selected by simple random sampling. 100 fertile women attending the routine ante natal clinic were selected as cases and 100 infertile women seeking fertility treatment were selected as controls. 100 women didn't follow up with the study. The following questionnaires were administered to both case and control group- BAI, BDI, SCL-90-R, SF-36, MINI and socio demographic proforma ; by trained clinic psychologist .

The raw scores & adjusted scores were analysed statistically by SPSS using the following tests, independent t test, chi square test and Z test.

Results. The results of the MINI scale indicate that up to 25% of the infertile cohort suffer from suicidal risk/ suicidal ideation which is statistically significant in comparison to the control group.

The other psychosocial parameters are also statistically significant in the case in comparison to the control population.

Conclusion. Although the psychosocial impact of infertility has been well researched and documented. Few studies have been conducted globally which assess suicidal risk amongst infertile patients.

Our results corroborate earlier studies such as the Danish administrative population-based registry study by Trille Kristina Kjaer et al which found a causative link between infertility and suicidal risk.

Further research is needed in this direction.

An Explorative Study to Assess the Neuropsychiatric Impact of COVID-19

Dr Baidyanath Ghosh Dastidar*

Calcutta National Medical College, Kolkata, India

*Presenting author.

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Aims. To assess the neurocognitive and psychiatric impact of SARS-CoV-2 in COVID-19 recovered patients in a district COVID hospital in West Bengal, India.

Methods. A total of 300 COVID-19 recovered patients who had suffered from SARS-CoV-2 and admitted at a district COVID hospital in West Bengal were selected by simple random sampling method. Informed consent was obtained from these patients. Subsequently a questionnaire based interview was conducted by trained clinical psychologist. The following scales were administered BDI (Depression), BAI, HAM A (Anxiety), SF 36 (Quality of Life),