

A Qualitative Study Exploring the Experiences of Carers of Service Users With Complex Mental Health Needs

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Aims. Carers of individuals presenting with complex behavioural and mental health needs report that service users may not receive the provision of care they require, particularly when presenting following suicide attempts and self-harm. Carers are an integral part of the care system and often feel ignored and marginalised by services; there is a lack of involvement of carers and paucity of their views of support needs to be explored. The aim of the study is to understand carers' experiences of caring for service users with complex mental health needs who self-harm and/or attempt suicide, and the support received from mental health care services.

Methods. Ten carers of service users with complex mental health needs were interviewed about their views on the psychiatric admission, treatment and discharge process for the people they were caring for. Data were gathered during semi-structured, one-to-one interviews remotely over the phone or online platforms. Interviews were audio-recorded and transcribed verbatim. A transcript-based conceptual analysis was conducted to identify and explore emerging themes.

Results. Carers identified both positive and negative aspects of the psychiatric admission and care within community settings. The following key themes emerged from the interviews: lack of control and information from mental health services, the importance of support from staff, or conversely its absence; concerns about service users' vulnerability, negative staff attitudes and opportunities for involvement; negative experiences of generic psychiatric settings; positive experiences were encountered when there were supportive and caring staff, good information sharing and satisfactory discharge arrangements.

Conclusion. Important areas for service improvements are highlighted. Recommendations included: the need for support; information about suicidal behaviour and advice on managing further incidents at home; more support in coping with regular and escalating self-harming and suicidal behaviours, particularly, severe consequences of staff safeguarding errors and inappropriate discharge, and the importance of supportive and adept staff. These findings identify the need for tailored support for carers regarding the management of self-harm and suicidal behaviours in the community.

The Provision of Mental Health Care for Service Users With Complex Needs Who Are at Risk of Suicide

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Aims. Individuals presenting with complex behavioural and mental health needs may not receive the provision of care needed. Those presenting with a more complex clinical presentation may have a history of self-harm and suicide attempts. A common risk factor for preceding suicide is previous self-harm, suicide attempts or discharge from inpatient units. Understanding the descriptive symptom domains for inpatients and those treated in the community and the relationship between them could inform suicide prevention. The aim of this study was to explore the extent of self-harm and suicidal behaviours in individuals with complex mental health needs across inpatient and community settings.

Methods. A cohort study design of in-depth written medical notes (n = 80) for people who were known to have complex mental health needs across inpatient and community settings. Data were extracted from medical records onto a coproduced questionnaire. As well as demographic data, information was collated about previous self-harm, suicide planning, suicide attempts, and support seeking regarding suicidal thoughts. The study will include a quantitative in-depth description and inferential analysis of the demographic clinical characteristics of the patient group.

Results. Medical case notes were reviewed for 80 service users with complex mental health needs. Across both groups, approximately three-quarters of participants had previously self-harmed (76%), or planned suicide (n = 73%), and/or attempted suicide (63%). Self-harm (83% vs. 70%) and suicide attempts (72% vs. 65%) were more prevalent in the inpatient group compared to the community group. Social support was received more by community patients than inpatients (70% vs. 50%), even though inpatients were more likely to seek help when experiencing suicidal thoughts compared to people cared for in the community (38% vs. 30%). In both groups, there were often multiple suicide plans and attempts made over their timeline of contact with services.

Conclusion. Self-harm, suicide planning, and suicide attempts were prevalent for people treated across both inpatient and community settings. Self-harm and suicide planning was indicative of a later suicide attempt within both settings. In those experiencing suicidal thoughts, few had sought help, suggesting the importance in staff training to enable them to recognise and identify patterns of self-harming and suicidal behaviours in individuals with complex mental health needs. Social support needs for inpatients should be increased, particularly when they sought help for suicidal thoughts. This may help to reduce length of stays in hospital or future readmissions to hospital; thus, reducing the cost implications for the NHS mental health services.

Effectiveness of Single Therapeutic Project in Adolescents With Attempted Suicide And/or Self-Harm

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Aims. Brazil is the eighth in number of suicides in the American continent, and 4th in the number of suicides in Latin America. From 2011–2016, there were 33,269 cases in women and 14,931 in men, with 24.1% and 17.2% in populations aged 10–19 years,

respectively. Regarding self-harm, there were 116,113 cases (25.9%), and 60,098 cases (19.6%). And in both, the recurrence rate was high, with 25.3–33.1%. Properly employed, the Singular Therapeutic Project (STP) can prevent further events and even completed suicide. In this way, there is a reduction in stigma in this population and for family members, adequacy of mental health services, in addition to lower public spending on hospitalizations. We analysed the effectiveness of the STP in cases of suicide attempt and self-harm, in an outpatient setting, through the comparison of a group of patients with more adherence with the STP, in relation to the group with less adherence in a multidisciplinary context.

Methods. It was a retrospective cohort, with adolescents aged 12 to 18 years, from the south of Sao Jose do Rio Preto (Brazil), during the period of 2015–2019, with follow-up for more than 3 months.

To analyze the behavior of numerical variables, descriptive statistics, boxplot plots and the specific test for Kolmogorov-Smirnov will be considered. Comparisons of continuous variables between two independent groups will be performed using Student's *t* test or Mann-Whitney test; comparisons of categorical variables with Pearson's chi-square test or Fisher's exact test.

Results. The study sample consisted of 88 patients, 79.5% of whom were girls, 1.1% were illiterate, 34.2% were referred from the health unit, 29.5% from the hospital emergency. Patients with new episodes of suicide attempts accounted for 14.7% (1 attempt –10.2%, 2–1.1%, 3–3.4%), and self-harm 23.8% (1–12.5%, 2–2.3%, 4–4.5%, 5–2.3%, 6–1.1%, 7–1.1%).

There was no statistical significance between the group with adherence to STP and without adherence in relation to new suicide attempts ($p = 1.0$) and recurrence of self-harm ($p = 0.309$). In addition, both outcomes were not statistically significant with sociodemographic data, psychoactive substance use, and negative life events.

Conclusion. The adolescents' adherence on STP was not associated in recurrence of suicide attempts and self-harm. We hypothesized that the sample size may have influenced the power of the statistical analysis. This pilot study is the first phase of the still ongoing study on all city.

Web Pages on Mindfulness-Based Interventions: A Review on the Different Training of Third-Wave Psychotherapies Available in the United Kingdom

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Aims. With extensive evidence and track record on efficiency, third-wave psychotherapies, i.e. mindfulness-based interventions (MBIs), have gained popularity in the United Kingdom (UK) as the mainstream tool for mental health and well-being. During the COVID-19 pandemic, a lot of MBI training has shifted from physical meetings to online to improve access nationally. To date, there is limited data on the differences of online MBIs available in the UK. This web pages review is aimed to elucidate the available resources for online training on MBIs in the UK.

Methods. Google Search engine was used to identify web pages providing MBI training in the UK from February 2021 to

March 2021. The search words used were “mindfulness”, “acceptance commitment therapy”, “dialectical behaviour therapy”, “DBT”, “Compassion focused therapy”, “CFT”, “England”, “Northern Ireland”, “Scotland”, “Wales”, and “United Kingdom”. The search word “ACT” was omitted due to a high number of irrelevant search results. Inclusion criteria were any web page providing mindfulness training in the English language, based in the UK. Exclusion criteria were web pages that were not from the UK with limited information and the web page was not about the provision of mindfulness training. Given the high number of web pages appearing in the Google Search for each of the localities, further search was stopped when all ten web pages that appeared on a Google search page were all excluded.

Results. The total number of web pages returned from searches was 23,030,000 of which were 13.1 million for England, 2.89 million for Scotland, 3.09 million for Wales, 2.18 million for Northern Ireland, and 1,770,000 were unspecified. Only 165 web pages offering MBI training were included. Among those, 57% were for the general public while 30% had information for both professionals and the public. The majority of them, i.e. 65% offered online training courses when only 25% of them offered both online and face-to-face training. There were 25% of web pages offering free basic courses for the public. There was a similar split between the group, individual and mixed training.

Conclusion. There is a significant amount of MBI training resources available online for both public and professionals. One interesting finding is that a significant portion of them provide free basic training which is very encouraging and certainly has a positive impact on the accessibility of mindfulness education during the pandemic disruption.

A-Systematic Review of the Level of Mental Health Literacy Among University Students Regarding Seeking Support From Counsellors in the UK

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Aims. Introduction: Mental health literacy (MHL) is defined as “one's knowledge and beliefs about mental disorders” (Nishida-Hikiji et al., 2021). Additionally, it includes the capability to recognise specific disorders, distinguish risk factors and causes, recognise self-treatments and available professional help, and it is an attitude that encourages recognition and appropriate help-seeking (Jorm et al., 1997). Background: In the UK mental health problems are one of the main public health issues as it affects one in four individuals. It specifically has a high prevalence among university students which is between the ages of 16–24 years (Kessler et al., 2005)

Methods. The study design used for this study was a systematic literature review in which data were collected from PubMed, EBSCO and ScienceDirect using specific keywords in the advanced search. The amount of papers found were 953 after abstract screening for keywords only 34 papers were left and then final abstract and full-text article screening for the inclusion and exclusion criteria was done leaving it with only 8 papers. A quality assessment was done for the eight papers using CASP tool for RCT papers and EPHH tool for cross-sectional papers.

Results. The findings showed that there are different levels of MHL between university students depending on their gender, education year, faculty and ethnicity. It was also found that the professional help seeking behaviour is not significantly different