

Aims. Little is known about the use of the Mental Health Act (MHA) in children and young people (CYP). There is some evidence that having a diagnosis of psychosis or substance misuse disorder, having an intellectual disability, being older and being of black ethnicity are associated with involuntary admission. However, the existing literature is limited and relies on retrospective case note review or surveys based on a small number of sites over short periods of time. We investigated the social and clinical factors associated with MHA use in CYP using electronic health records. We hypothesised that older adolescence, psychosis, more severe illness, the presence of risk to others and Black ethnicity would be associated with involuntary admission under the MHA.

Methods. Using data from the Clinical Record Interactive Search (CRIS) system for South London and the Maudsley (SLaM) services we identified 2165 CYP under 18 years, with a first admission to inpatient units between 2007 and 2021 with complete data on variables of interest; 1638 (75.7%) were voluntary patients for the duration of the admission and 527 (25.3%) had been detained under a section 2 or 3 of the MHA during the admission. We conducted univariable logistic regression to investigate the association between clinical factors (diagnosis, severity of illness, risk) and social factors (gender, age, ethnicity, deprivation) with the outcome i.e. MHA admission. We then conducted multivariable logistic regression to investigate the association between the clinical and social factors and involuntary admission.

Results. In multivariable analyses we found evidence that a diagnosis of psychosis (OR 2.63, 95% CI 1.83–3.76, $p < 0.001$), being older (age 13–15 years: OR 5.88, 95% CI 3.46–10.03, $p < 0.001$; age 16–17 years: OR 6.72, 95% CI 3.97–11.41, $p < 0.001$), having a developmental disorder (OR 1.60, 95% CI 1.04–2.47, $p = 0.033$) and being of Black ethnicity (OR 2.14, 95% CI 1.60–2.89, $p < 0.001$) were associated with involuntary admission after accounting for other factors. Being less impaired (i.e. a higher CGAS score) was associated with a lower odds of involuntary admission (moderate impairment: OR 0.56, 95% CI 0.42–0.74, $p < 0.001$; lowest impairment: OR 0.41, 95% CI 0.30–0.54, $p < 0.001$).

Conclusion. In this large cohort of child and adolescent inpatients from South East London, we found that CYP of Black ethnicity are more likely than those from White groups to have an involuntary than voluntary psychiatric hospitalisation, after adjusting for social and clinical factors relating to admission. The finding that Black CYP are more than twice as likely to experience involuntary admission is in keeping with prior literature in CYP and the adult literature. This racial inequity requires further investigation to address disparities in access to mental health care and application of the MHA.

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.

An Item-Level Systematic Review of the Presentation of Attention Deficit Hyperactivity Disorder (ADHD) in Females

Ms Annabelle Xiao Hui Lim^{1*}, Ms Tamara Williams²,
Ms Louise Horstmann², Professor Anita Thapar¹
and Dr Joanna Martin²

¹Cardiff University School of Medicine, Cardiff, United Kingdom and

²Division of Psychological Medicine & Clinical Neurosciences, Cardiff, United Kingdom

*Presenting author.

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Aims. Sex differences in the prevalence of ADHD are well reported in the literature, with childhood ADHD being diagnosed 7–8 times more frequently in males than females, despite a population sex ratio of 3–4:1. A recent consensus statement argued that ADHD is under-identified and under-diagnosed in the UK, and this is especially concerning with regards to females. This systematic review aims to investigate specific symptoms characterising the manifestation of ADHD in females compared with both males with ADHD and females without ADHD.

Methods. A systematic search of eligible studies was conducted using predefined search criteria across six databases (Ovid MEDLINE, Ovid EMBASE, Ovid APA PsycINFO, ProQuest, EBSCO ERIC and EBSCO British Education Index), in line with a registration protocol on PROSPERO. Eligible studies included those with statistical analysis comparing ADHD, impact or co-occurring mental health difficulties at the item level, which compared ADHD symptoms in both sexes, or contrasted females with and without ADHD. Studies that exclusively reported total scores without item-level statistical results were excluded. A total of 5,378 articles were identified in the search and 13 studies met the criteria for inclusion.

Results. Outcomes from 13 studies were analysed thematically. 7 studies looked at ADHD at an item level, while 7 studies explored disparities in impairment or other items. Of the eligible studies, 12 compared males and females with ADHD and 4 compared females with and without ADHD. 7 studies focussed on children with ADHD and 6 on adults. Preliminary results from 3 studies of ADHD symptoms in children indicated sex differences in hyperactive and impulsive symptoms: males were more likely to exhibit symptoms such as fidgeting and difficulty remain seated, while females exhibited higher rates of excessive talking and interrupting. Sex differences in impairment showed mixed results. Females with ADHD endorsed self-reported items related to mind-wandering and parent-reported impairment, including friendship difficulties, more than females without ADHD. Overall, the analysis of the results suggested that most studies do show some sex differences in ADHD and impairment items.

Conclusion. While current studies of individuals diagnosed with ADHD highlight important sex differences, the limited number of direct investigations and predominant focus on total symptoms underscore the need for further research. Item-level analysis of symptoms and their impact is essential in exploring how sex influences the associations between ADHD, risk factors and functional outcomes. Recognising potential sex differences is essential for improving ADHD assessment in females and later life outcomes.

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Obsessive-Compulsive Disorder and Suicidality: A Case Control Study

Dr Swapnil Yadav^{1*}, Dr V Senthil Kumar Reddi²
and Dr Jaisooriya Sekharan²

¹University Hospital of North Tees, Stockton on Tees, United Kingdom and ²National Institute of Mental Health and Neurosciences, Bangalore, India

*Presenting author.

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Aims. This study aims to explore the characteristics of the individuals who engage in suicidal behaviour.