

best, 4) Medication falls short of expectations, 5) A cure for all the family, 6) Medication: The missing piece to society's puzzle.

Overall, psychotropic medication was perceived as beneficial, as it improved the children's quality of life, their functioning within their roles within the family and within society. Parents experienced a lot of barriers when accessing services, social benefits and struggled with inclusion in society. Parents were aware that medication did not come without adverse effects, some of which proved to be of detriment to these children and their families.

**Conclusion:** This study highlighted the need for increased psychoeducation and parental support. Parental burnout, child's distress, and fear of exclusion from society may contribute to perceived need for medication. The lack of streamlined services and familial support further exacerbate parental struggles, leading them to resort to medication. Further research is needed to discover prevalence rates of mental health disorders in the Maltese cohort. Improvements to the IDC include provision of family counselling, parenting programmes and support groups. Access to Positive Behaviour Support at the Child IDC Services may allow for alternatives prior to resorting to psychotropic medication for CB.

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.

## Racial Discrimination and Paranoia: Exploring the Potential Moderating Role of Ethnic Identity

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**Aims:** Psychosis is a severe mental health condition characterised by a loss of contact with reality, often manifesting in symptoms such as paranoid delusions and hallucinations. Research has shown that the prevalence of psychosis is significantly higher among individuals from ethnic minority backgrounds compared with White Britons in the UK. Additionally, people from these backgrounds tend to experience more discrimination and identity-related challenges than their White counterparts. However, few studies have explored how discrimination and ethnic identity intersect to influence psychosis rates.

This study aims to examine the relationship between discrimination and paranoia in ethnic minority populations, exploring whether ethnic identity may help protect individuals from the negative impact of discrimination on psychosis. It is hypothesised that people from ethnic minority backgrounds will face more discrimination and exhibit more severe symptoms of paranoia compared with White Britons, with the relationship between ethnicity and paranoia being mediated by discrimination. Furthermore, it is predicted that the association between discrimination and paranoia will be moderated by social identity, such that higher social identification will attenuate the positive association between discrimination and paranoia.

**Methods:** The study involved a secondary analysis of two cross-sectional datasets, including African and African Caribbean participants (N=355) and a student sample (N=1747), using validated measures of paranoia, psychosis symptoms (paranoia, dissociation, and hallucinations), discrimination, and ethnic identity.

**Results:** A moderated multiple regression indicated that the positive association between discrimination and paranoia was moderated by social identity, such that the effect was weaker and non-significant when people had stronger identities. We further found that discrimination mediated the effect of ethnicity (ethnic majority vs ethnic minority) on paranoia.

**Conclusion:** Strong social identities buffered ethnic minority people from the negative effects of discrimination on paranoia symptoms. Further, the higher rates of paranoia observed among ethnic minority participants may be explained by their more severe experiences of discrimination.

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## The Ripple Effect: A Literature Review on Vicarious Trauma in Psychiatry Trainees

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**Aims:** Vicarious trauma (VT) is a significant concern among psychiatry trainees due to their frequent exposure to patients' traumatic experiences. This exposure can lead to psychological distress, including symptoms resembling post-traumatic stress disorder (PTSD), emotional detachment, and burnout. This review explores the prevalence and impact of VT among psychiatry trainees and evaluates the effectiveness of support mechanisms such as supervision, peer support, and resilience-building strategies. By highlighting risk and protective factors, this paper informs psychiatry training programmes on safeguarding trainees' well-being.

**Methods:** A literature review was conducted using databases including PubMed, PsycINFO, CINAHL, and Scopus. The search focused on peer-reviewed studies examining VT in mental health professionals, particularly psychiatry trainees. Key search terms included "vicarious trauma", "psychiatry trainees", "compassion fatigue", and "support strategies". A total of 39 studies were analysed, covering empirical research, qualitative investigations, and theoretical discussions.

**Results:** Findings indicate VT is widespread among psychiatry trainees, with many experiencing emotional distress, anxiety, and reduced professional efficacy. Risk factors include frequent exposure to trauma, high caseloads, inadequate supervision, and personal trauma history. VT impacts not only mental health but also professional relationships and career sustainability, with some trainees experiencing emotional exhaustion and compassion fatigue.

Several strategies help mitigate VT. Regular supervision provides a structured space for processing experiences, while peer support programmes reduce isolation and encourage shared coping mechanisms. Resilience-building strategies, such as mindfulness, self-care training, and structured debriefing, help trainees manage emotional challenges. Some experience vicarious resilience, where their work enhances professional fulfilment and emotional strength.

While research supports these interventions, methodological limitations – such as reliance on self-reported measures and cross-sectional designs – restrict definitive conclusions on long-term effectiveness. More robust, longitudinal studies are needed to assess sustained impacts.

**Conclusion:** Vicarious trauma significantly affects psychiatry trainees' well-being, professional development, and retention.

However, structured support – through supervision, peer networks, and resilience training – can mitigate its effects. Future research should assess the long-term effectiveness of interventions and explore how training institutions can better integrate trauma-informed approaches into curricula. By prioritising trainee well-being, psychiatry programmes can promote a more resilient mental health workforce.

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## Child Psychiatrists' Knowledge and Attitudes on Medication Reimbursement Schemes in Ireland

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**Aims:** The Long-Term Illness Scheme (LTI), funded by Ireland's Health Service Executive (HSE), provides free prescriptions at the primary care level for 16 specified physical and mental health conditions. This scheme is non means tested and is facilitated under the Primary Care reimbursement service via the HSE. It was initiated in 1970 under the Health Care Act and was last revised in 1975. This survey aimed to assess Child and Adolescent Psychiatrists' knowledge of the scheme, its usage, and the perceived barriers or enablers to its utilization.

**Methods:** A mixed-methods cross-sectional survey was conducted among Consultants and Higher Specialist Trainees in Child and Adolescent Psychiatry in Ireland (N=60) on an anonymous, opt-in basis.

**Results:** The findings revealed low levels of knowledge and utilization with a minority (41%) of respondents reported being somewhat aware of the scheme. 58% felt uninformed about the medications reimbursable. Qualitative analysis highlighted significant barriers, including restrictive and confusing inclusion criteria, administrative burdens, and time constraints in clinical practice.

**Conclusion:** These results underline the need for national training on the LTI scheme, a systematic review of inclusion criteria to align with international best practices, and streamlined administrative processes. Addressing these gaps could reduce barriers for clinicians and improve access to psychotropic medications for children and adolescents with mental illness. Such measures are crucial to enhancing equitable care and alleviating administrative strain on consultants, ultimately benefiting both clinicians and young patients in Ireland. Equipping psychiatrists with the necessary tools and knowledge is essential to effectively utilize health reimbursement schemes and advocate for better mental health care.

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## Implementation of Realist Findings to Create an Innovative Pathway for Weight Gain Associated With Anti-Psychotic Use in Patients Living With Severe MENTAL Illness (SMI) – IMPLeMENT

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**Aims:** Antipsychotic medications are essential in treating patients with severe mental illness (SMI), but they are associated with rapid weight gain, significantly increasing the risk of cardiovascular disease and diabetes. These physical health complications contribute to reduced life-expectancy and development of preventable physical health conditions. The NIHR-RESOLVE study (REF:HSDR131871) explored non-pharmacological interventions for antipsychotic induced weight gain, and highlighted the urgent need for a structured, preventative pathway to support patients at risk.

Fragmentation between physical and mental health services, can leave patients with SMI without adequate physical health support. Despite national guidelines recommending annual physical health checks, interventions often come too late, typically after significant weight gain has already occurred. Additionally, stigma surrounding weight gain exacerbates mental health difficulties.

**Methods:** IMPLeMENT, an impact study funded by Aston University, facilitated three online workshops, and one in-person event to co-produce a person-centred preventative pathway to manage antipsychotic-induced weight gain. In collaboration with The McPin Foundation, sessions were attended by psychiatrists, dietitians, occupational therapists, policymakers, managers, commissioners, pharmacists and service users. Findings from RESOLVE served as a foundation for discussions, and healthcare professionals from the UK and international mental health services (including learning disabilities, forensic psychiatry, and early intervention in psychosis) shared experiences and discussed how they may implement change in local settings.

**Results:** Thematic analysis of workshop transcripts and notes revealed key challenges and opportunities in developing an effective preventative pathway. Stakeholders highlighted several areas for improvement:

Holistic approaches – current interventions are often fragmented, lacking integration across services.

Shared Responsibility – The need for collaborative care among different HCPs and services was emphasised.

Improved access to information – service users and professionals expressed the importance of psycho-education and clear, accessible resources to facilitate proactive management.

As a direct result of this work, multiple healthcare organisations are implementing and evaluating preventative weight management