barriers to gaining those benefits, any common factors raised, and any suggestions about how to improve the fellowship.
Methods: The researcher was a leadership fellow in medical education and simulation in the Foundation school of East of England. Ethical approval was obtained through Higher Education England as this was a service evaluation. Recruitment was purposive and participants were contacted by a gatekeeper. Four 1:1 interviews took place, the interviews were audio recorded, transcribed and the transcripts were analysed with thematic analysis.
Results: Preliminary Themes

Opportunities/ Facilitators	Pursuit of Psychiatry-related opportunities; Study leave budget for Psychiatry-related courses Balint group while in psychiatry rotation Guaranteed psychiatry rotation	
Barriers	Psychiatry Fellowship supervision	-Location of supervisor -Frequency of supervision -Supervisors' availability to meet at a time convenient for fellow rather than on a fellow's day off -Allocation of supervisors who were willing to act as a mentor, who had suggestions for projects and were committed to stay in the role for the 2 years.
	Social connection with other psychiatry foundation fellows	-Data protection rules -Lack of community -40 fellows spread across the UK -Fellow's rotas preventing them from pursuing social connections -Lack of Balint group with other Foundation fellows
	Identity as a Psychiatry foundation fellow	-Lack of recognition / awareness by clinical supervisors -Difficult to take advantage of the opportunities of the fellowship -Fellow needing to advocate for oneself -Balint group of psychiatry rotations was usually for core psychiatry trainees -Rota coordinators gatekeepers for study leave
	Identity as a foundation doctor	-Timing of the psychiatry rotation -Feel "out of the loop" compared to peers when entering acute hospitals after psychiatry rotation, if it is first in FY1
	Impact of Covid	-Intense medical rotations, poorly staffed rotas -All non-departmental teaching was suspended, which made it even more difficult to justify self-development -One social opportunity per year only, to meet other Foundation fellows

Conclusions: The Psychiatry Foundation Fellowship was generally a positive experience in terms of fostering enthusiasm for psychiatry. A sense of community among fellows and recognition among clinical supervisors in acute trusts were felt to be lacking. The themes were used to shape RCPsych's future plans for the Psychiatry Foundation Fellowship.

Disclosure of Interest: None Declared

O0043

Resilience of people with a history of mental disorder during the COVID-19 pandemic: a 2-years longitudinal prospective study

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Introduction: During the COVID-19 pandemic, people with mental disorders were exposed to a common and prolonged source of stress. Studies focusing on the consequences of the pandemic on individuals with a history of mental disorder are scarce, but they suggest a higher vulnerability as compared to the general population.
Objectives: We aimed at identifying predictors of stress resilience maintained over time among these people during the first two years of the pandemic.
Methods: The presented study is part of a larger 2-year, 5-wave international longitudinal online survey.
The Patient Health Questionnaire, the Generalized Anxiety Disorder scale and the PTSD Checklist DSM-5 were used as latent class indicators for a proxy measure of distress. Specifically, a Latent-Class Analysis was performed to identify a group that showed resilient outcomes across all waves.
We investigated socio-demographic characteristics, economic and housing status, lifestyle and habits, pandemic-related issues, and chronic disease. Adherence to and approval of the restrictions imposed, trust in governments and the scientific community during the pandemic were also assessed. Social support, fear of contamination and personal values were investigated respectively through the Oslo

Social Support Scale, the Padua Inventory, and the Portrait Values Questionnaire. The aforementioned characteristics were used to predict sustained resilience through a logistic regression.
Results: A total of 1711 participants out of the total sample (8011 participants from 13 different countries) reported a diagnosis of mental disorder before the pandemic. Nine hundred forty-three participants completed at least three of the five versions of the survey and were included in the analysis. A latent class of participants with resilience maintained over time (*sustained resilience*) was identified, with an estimated probability of 24.8%. The demographic and clinical variables associated with a higher chance of *sustained resilience* were older age, maintaining a job during the pandemic, and having a larger number of people in the household. In contrast, female gender, losing job during the pandemic, having difficulty meeting basic needs, greater fear of contamination, a stronger focus on hedonism, less social support and feeling lonely resulted in a lower likelihood of being *sustained resilient.*
Conclusions: This study identified a number of factors that may help predict resilient outcomes maintained over time in people with mental disorders. COVID-19 related predictors of *sustained resilience* are new findings which might inform resilience-building interventions during pandemics.

Disclosure of Interest: None Declared

Women, Gender and Age

O0045

Effects of cannabidiol on behavioral and psychological symptoms of vascular dementia: a randomized, double-blind, placebo-controlled trial.

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Introduction: Vascular dementia (VD) is the second most common cause of dementia and is characterized by cerebrovascular changes causing cognitive impairment. In patients with VD, behavioral and psychological symptoms of dementia (BPSD) are heterogeneous and highly prevalent manifestations that can arise in the course of dementia and bring suffering to the individual and his family. Currently, pharmacological interventions in the treatment of these symptoms have important adverse effects. Cannabidiol (CBD) has neuroprotective, anxiolytic and antipsychotic properties, as well as a favorable tolerability and safety profile.
Objectives: To evaluate the effect of CBD on behavioral and psychological symptoms in elderly with VD.
Methods: Double-blind, randomized, placebo-controlled clinical trial involving elderly patients with VD. The instruments used are: Neuropsychiatric Inventory, Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression Scale, Side Effects Scale, Mini- Mental State Examination, Brief Cognitive Screening Battery, Katz Index of Independence in Activities of Daily Living, Lawton Instrumental Activities of Daily Living Scale, Informant Questionnaire on Cognitive Decline in the Elderly, Zarit Burden Inventory. Included participants were assessed at baseline, at the first, second, and fourth weeks after the start of the clinical trial.
Results: Parcial results: Up to the present moment, 18 patients were included, eight in group 1 and ten in group 2. In the initial evaluation of the BPSD, the mean in the Neuropsychiatric Inventory was 43.25 (±21.89) in group 1 and 50 (±18.86) in group 2, and in the BPRS, the mean was 25.25 (±9.82) in group 1 and 34.30 (±15.11) in group 2. The final BPRS averaged 23 (±11.41) in group 1 and 20.40 (±13.32) in group 2. The Neuropsychiatric Inventory averaged in the final assessment 41.88 (±20.15) and 17.60 (±12.33) in groups 1 and 2, respectively.
Conclusions: Cannabidiol has been shown to be a strategy for the management of BPSD. In addition, it has a good side-effect profile.

Disclosure of Interest: None Declared

O0046

SUICIDES IN NEUROCOGNITIVE DISORDERS AND TRAUMATIC BRAIN INJURIES

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Introduction: Depression, anxiety and lack of impulse control are common neuropsychiatric symptoms in neurocognitive disorders and have been strongly associated with suicidality.
Objectives: The aim of this study was to explore suicide rates in three major neuropsychiatric conditions including various degenerative neurocognitive disorders (DND), alcohol related neurocognitive disorders (ARND), and traumatic brain injuries (TBI).
Methods: The register cohort data of 231 817 patients with a diagnosis of degenerative dementias, ARND, or TBI, and their mortality data were collected from Finnish nationwide registers between 1998 and 2018. We calculated incidences of suicides, types of suicides, and suicide rates compared with the age- and sex matched general population (Standardized Mortality Ratio, SMR).
Results: In fifteen years since diagnosis, 0.3% (95% CI: 0.2 to 0.5) of patients with DND, 1.1% (0.7 to 1.8) of patients with ARND, and 1.0% (0.7 to 1.3) of patients with TBI died from suicide (**Figure**). Men died from suicide more often than women [58.9 (51.3 to 67.4) vs. 9.8 (7.5 to 12.5) per 100 000 person-years]. Of all three groups of patients, the highest number of suicides per 100 000 was in ARND (98.8; 65.1 to 143.8), then in TBI (82.0; 62.4 to 105.8), and then in DND (21.2; 18.3 to 24.5). The most common cause of death per 100 000 person-years was self-inflicted injury by hanging, strangulation or suffocation and drowning (12.4, 10.3 to 14.8), the second highest incidence self-inflicted poisoning (5.7, 4.3 to 7.4), and then self-inflicted injury by firearms, explosives, smoke, fire, flames, steam, hot vapours or hot objects (4.7, 3.4 to 6.2). The SMRs (95% CI) in the DND group were 1.31 (1.13 to 1.51) for the whole group, 1.21 (0.90-1.62) for women, and 1.34 (1.14-1.58) for men. The SMRs in the ARND group were 3.69 (2.53-5.38), 5.05 (1.90 to 13.46), and 3.52 (2.34 to 5.30), and in the TBI group 2.99 (2.31 to 3.86), 5.68 (3.22 to 10.00), and 2.66 (2.00 to 3.55), respectively.