

increase to inform targeted interventions and prevent deterioration in at-risk patients.

Prevalence of Workplace Bullying in the Syrian Graduate Medical Education System During COVID-19 Pandemic and Civil War: A National Cross-Sectional Study

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Aims. Workplace Bullying (WPB) is a severe stressor that can negatively impact an individual's physical and psychological health. WPB, a type of occupational violence, is the third leading cause of death in the workplace worldwide. This study delivers an estimated prevalence of bullying among healthcare practitioners in the Syrian graduate medical education system and to explore its prevalence within socio-demographic subgroups.

Methods. A cross-sectional study was conducted in Damascus, during the Syrian war crisis. A total of 478 residents and fellows fully completed the survey. Respondents completed questions regarding socio-demographic information and workplace bullying.

Results. Of 478 respondents, 267 (55.9%) were males. The majority (89%) reported being subjected to workplace bullying, and (92%) of them witnessed their colleagues being bullied. Supervisor/attending (45%), and peer/resident (40%) were the most frequent source of perceived bullying followed by supervisor/consultant (34.5%), and Patients (33.5%). Attempts to belittle and undermine work 434 (90.7%) was the most frequently reported bullying behavior. Specific bullying behaviors were more reported by males, <170 cm height, ≥25 BMI kg/m², and postgraduate year 1 (PGY) participants. Credible published national data regarding the number of Syrian medical residents are not available to evaluate the representativeness of our sample.

Conclusion. Many participants reported experiencing bullying in the Syrian graduate medical education programs. Enforcing anti-bullying policies, closely monitoring work environments, and encouraging anonymous reporting of workplace bullying, is crucial to eliminate these behaviors in the healthcare system. A longitudinal study should be conducted to gain more knowledge and insight into workplace bullying among healthcare practitioners.

A Prospective Cohort Study to Assess Neonatal Adaptation in Neonates Exposed to Psychotropic Medications in Utero

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Aims. We aimed to compare the NAS in neonatal exposed to antidepressants to unexposed neonates.

Methods. A prospective cohort study was carried out comprising of women in 3rd trimester of pregnancy, data were collected on women exposed and unexposed to antidepressants. Approval from the Rotunda Hospital REC was obtained.

Hospital records were used to collect pre-, peri- and postnatal information which was relevant to the study Aim. Neonatal Abstinence Score was completed within 0–48 hours of the birth, Moderate-Severe abstinence was defined as eight points or higher (on a scale with maximum 40 points), mild abstinence as 4 points or higher. Paediatric records were reviewed where the baby required NICU admission. Women were recruited between 2019–2021

Results. 221 women in total were recruited, 138 pregnant women were on no psychotropic medication (Control group) and 83 pregnant women were on antidepressant medication (exposed group).

In the exposed group, 46% (38/83) were on Sertraline, 19% (16/83) fluoxetine, 17% (14/83) Escitalopram and 17% (14/83) on other SSRI/SNRI.

Six infants (3%) expressed signs of severe abstinence and 38 (28%) had mild abstinence symptoms in exposed group whereas in control group 10 (7%) of infants were observed to have mild abstinence which was seen in infants with low birth weight, poor feeding and poor sleep after feed. Neonatal hypoglycaemia in infants prenatally exposed to antidepressant was seen in 10% compared to 1% of control group.

Conclusion. Severe abstinence in infants prenatally exposed to antidepressants was found to be (3%) and mild abstinence in 28% this is in keeping with international findings. Low one minute APGAR scores and greater rates of hypoglycaemia were also noted.

While neonatal withdrawal with all antidepressants are usually mild and self-limiting it is important to make the obstetric and neonatal teams aware of the mothers medication and mothers should be advised that their baby may need a review by neonatology after delivery.

Insight Into Illness Among Inpatients in a Forensic Service - a Study From Dundrum Hospital as Part of the Dforest Study

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Aims. We endeavoured to ascertain if using a specific tool rating insight adds benefit over and above the insight ratings on violence risk assessment or recovery based tools currently in use and to see if they may be helpful in guiding clinical decision making.

Methods. A cross sectional study of 104 forensic in-patients was completed. All current inpatients were rated for self-rated and clinician-rated insight using the VAGUS tool, a validated and reliable measure of insight into psychotic symptoms. All participants completed the self-rated scale independent of the clinician to avoid bias. Patients were also rated with the HCR-20, the Dundrum-3 and Dundrum-4, and the PANSS measures. Patients' scores on the VAGUS tool and the other tools were compared to ascertain if any correlations could be identified.

Results. Higher scores on the VAGUS tool were associated with a greater degree of insight into psychotic symptoms. Clinician and

self-ratings of insight on the VAGUS tool were different from but complimentary to the ratings for insight on the HCR-20 ($r = 0.480$, $p < 0.001$), the DUNDRUM-3 ($r = 0.491$, $p < 0.001$) and DUNDRUM-4 ($r = 0.265$, $p = 0.041$). An inverse relationship between the VAGUS scores and the scores on the PANSS measures ($r = 0.452$, $p < 0.001$) was found, correlating lower levels of insight with a higher degree of positive and negative psychotic symptoms. There was also a correlation between greater insight and progress through the care pathway to lower secure wards.

Conclusion. Using a specific tool to rate insight adds benefit over and above the insight ratings on other tools currently in use and may be helpful in guiding clinical decision making in the forensic setting.

Frailty in Individuals With Mental Disorders: Longitudinal Analyses of All-Cause Mortality

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Aims. Frailty is a medical syndrome that is strongly associated with mortality risk, and an emerging global health burden. Mental disorders are associated with reduced life expectancy and elevated levels of frailty. In this study, we examined the mortality risk associated with frailty in individuals with a lifetime history of mental disorders compared to non-psychiatric controls.

Methods. The UK Biobank study recruited >500,000 adults, aged 37–73 years, between 2006–2010. We derived the two most common albeit distinctive measures of frailty, the frailty phenotype and frailty index. Individuals with lifetime depression, bipolar disorder or anxiety disorders were identified from multiple data sources. The primary outcome was all-cause mortality. We have also examined differences in frailty, separately by sex and age.

Results. Analyses included up to 297,380 middle-aged and older adults with a median follow-up of 12.19 (IQR = 1.31) years, yielding 3,516,706 person-years of follow-up. We observed higher levels of frailty in individuals with mental disorders for both frailty measures. For key comparisons, individuals with a mental disorder had greater all-cause mortality hazards than their controls. The highest hazard ratio (3.65, 95% CI 2.40–5.54) was observed among individuals with bipolar disorder and frailty, relative to the non-frail controls.

Conclusion. Our findings highlight elevated levels of frailty across three common mental disorders. The increased mortality risk associated with frailty and mental disorders represents a potentially modifiable target for prevention and treatment to improve life expectancy.

Moroccans' Perception of Addiction: A Cross-Sectional Study on Stigma and Familiarity Dynamics

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Aims. This study aims to assess the stigmatization of Moroccans towards substance and nonsubstance addictions, as well as to explore its relationship with both demographic factors and addiction familiarity.

Methods. 527 Moroccans anonymously participated in a cross-sectional study via an online survey that was distributed on social media. Participants were randomly assigned 2 vignettes describing either substance (Alcohol and Cannabis) or non-substance (Gambling and Social Media) addictions, followed by the Social Distance Scale and the Familiarity Scale.

Results. A total of 527 individuals answered our online questionnaire. The median age of respondents was 27.6 years (std = 15.66). 56% were females and 44% were males. Among the participants 45% were married and 50% were medical students or health professionals.

Using ANOVA and a series of student t-tests, that yielded a $p < 0.05$, the following results were obtained:

A moderate level of stigma was found towards all addictions, except for social media where no stigma was found ($p < 0.05$). In contrast, the familiarity level was high with social media addiction and low with the other addictions ($p < 0.05$).

The women in our study showed higher stigmatization of all addictions, whereas older people (>43 years) showed higher stigmatization of substance addictions only.

Different levels of stigmatization were observed towards the 4 types of addiction; the highest being cannabis addiction and the lowest being social media addiction.

Regarding familiarity with addiction, males were more familiar with all types of addiction. Whereas, younger individuals (<23 years) were the least familiar with substance addiction.

Moroccans' familiarity levels with different types of addiction were significantly different. Familiarity with social media addiction was the highest whereas familiarity with gambling addiction was the lowest.

Using the Pearson correlation, we found that stigma and familiarity concerning substance addiction were negatively correlated ($r = -0.30$, $p < 0.01$). A stronger, yet moderate relationship was found between stigma and familiarity regarding cannabis ($r = -0.36$, $p < 0.01$).

Conclusion. It seems that Moroccans stigmatize against most addictions, which was found to be influenced by multiple factors including familiarity level, age, and sex. These findings can be used as a base to create a targeted educational campaign to tackle addiction in our society. No significant conclusions were made concerning whether or not the academic level or the health professional background influenced stigmatization, which raises concerns about the Moroccan academic and medical curricula's representation of addiction.

How Does an Observational Assessment Adapted for Online Delivery Perform Compared to an In-Person Assessment? Learning From the National Autism Service for Adults

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