an increase in knowledge, skills and confidence in trainees transitioning from CPT to HT, both in terms of factors specific to managing CYP's care and in relation to broader human factor skills.

Recognizing Early Deterioration in Elderly Care Home Setting - a Snapshot

Dr Ioana Varvari[1]* and Dr Pratibha Nirodi[2,3]

[1]Tees, Esk and Wear Valley NHS Foundation Trust, York, United Kingdom; [2]Tees, Esk and Wear Valley NHS Foundation Trust, Harrogate, United Kingdom and [3]Health Education England, York and Humber, United Kingdom
*Presenting author.

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Aims. Our aim is to measure the baseline physical and mental health early deterioration recognition of carers in the care home setting in Harrogate, North Yorkshire. This is part of a larger undergoing quality improvement project that looks at improving elderly care in care homes in the region by implementing a training package.
Methods. The approach was to contact local authorities, in this case, the NHS clinical commissioning group North Yorkshire to identify a struggling care home. We then engaged the care home and designated a leader to coordinate the project. We collected common themes by using focus groups with both carers and our professionals which led to the creation of a 16-item questionnaire covering deterioration literacy. Finally, we electronically and anonymously surveyed the carers (December 2021) and analysed the data via Google Forms.
Results. We had 22 responses out of 30 possible. As an overview, 100% felt confident in recognizing deterioration, however, 31.8% don't feel confident in managing deterioration. 90.9% need tools to aid recognition, from which 45.5% find tools confusing. Only 50% feel confident to appropriately escalate the incident, from which 36.4% did not know when or to whom to escalate and 13.6% were not sure if escalation was needed but will refer to secondary care regardless. 27.3% think their escalation process needs improvement. When it comes to deterioration themes, 4.6% don't feel confident in identifying confusion, 13.6% feel their knowledge on confusion could be improved and 9.1% don't know how to identify, manage, or escalate confusion. 22.7% don't feel confident in identifying mobility decline and 9.1% don't know how to manage this accordingly. 9.1% feel like their knowledge of skin changes needs improvement. 22.7% feel that their confidence in identifying toilet habits could be improved and 4.5% don't know how to manage or escalate these changes. In terms of carers' mental health, 50% and 13.6% have mild and moderate anxiety, respectively.
Conclusion. Deterioration recognition in the elderly is currently a hot topic. Recent studies highlight the need to improve deterioration management to minimize inappropriate referrals and admissions and unnecessary infection exposure of a vulnerable elderly individual. Our results show that besides improving the theoretical knowledge we also must think about a clear escalation process, an easy-to-read deterioration tool, and managing carers' anxiety as part of the training package.

Mental Health Literacy in Foundation Doctors - a Survey in the York and Humber Area

Dr Ioana Varvari[1]*, Dr Harry Foster[2] and Dr Pratibha Nirodi[3,4]

[1]Tees, Esk and Wear Valley NHS Foundation Trust, York, United Kingdom; [2]Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom; [3]Tees, Esk and Wear Valley NHS Foundation Trust, Harrogate, United Kingdom and [4]Health Education England, York and Humber, United Kingdom
*Presenting author.

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Aims. We aimed to measure the baseline mental health literacy in Foundation Doctors in the Yorkshire and Humber area, identify any gaps in knowledge with the purpose of addressing these within the new foundation psychiatry teaching program, developed by North Yorkshire Health Education England.
Methods. In January 2021, a questionnaire comprising of O'Connor's Mental Health Literacy Scale was sent electronically to all Foundation Doctors in the York and Humber area, that were in a placement at that time. The O'Connor's Mental Health Literacy Scale (MHLS) has been used since its publication in 2015 and is a 35 item, univariate scale that demonstrated good internal and test-retest reliability. It covers the following attributes: a) ability to identify disorders, b) knowledge about seeking information, risk factors and etiology, self-treatment, resources and support available, c) attitudes about mental disorders and seeking professional help. The anonymized data were collected and analysed in Microsoft Excel.
Results. In total, we received 49 responses to the questionnaire. Overall, 85% of respondents demonstrated good mental health literacy. Breaking this down further, 91% demonstrated knowledge of core psychiatric diagnostic criteria, 68.4% were literate in etiology and risk factors, 92% and respectively 95.9% understand what resources for treatment and professional help are available. Importantly when looking at attitudes about mental disorders overall 17% of respondents showed a degree of stigma and barriers in seeking professional help. For example, 2% strongly agreed that mental health conditions are not real illnesses, 34.7% were unsure whether people with mental illness are dangerous, 40.9% neither agreed nor disagreed they would move next door with someone with a mental illness and 14.3% would not be willing to have someone with a mental illness marrying into the family. When looking at barriers to seeking help, 12% answered they would not tell someone if they had a mental health problem, with 16.3% unsure whether they would tell someone if they had a mental health problem.
Conclusion. Overall, our survey demonstrated good mental health literacy in our cohort, however, there are areas of improvement, the main ones being etiology, risk factors, and attitudes towards mental health. It is important to recognize these deficits, as they have been linked with poor health outcomes and barriers in seeking and providing care. Moving forward, standardization of teaching programs and anti-stigma training could be an evidence-based approach to tackling these issues.

Research

Differences in Remote Mental Healthcare: Minority Ethnic Service User Experiences and Perceptions During COVID-19

Dr Lamiya Samad[1,2], Dr Bonnie Teague[1,3], Dr Karen Moreira[1], Ms Sophie Bagge[1], Dr Khalifa Elzubeir[1], Dr Emma Marriott[1], Dr Jonathan Wilson[1,3] and Dr Nita Agarwal[1]*

[1]Norfolk and Suffolk NHS Foundation Trust, East of England, United Kingdom; [2]UCL Great Ormond Street Institute of Child Health, London, United Kingdom and [3]University of East Anglia, East of England, United Kingdom
*Presenting author.

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Aims. COVID-19 has resurfaced health inequalities but also provides new opportunities for remote healthcare. Minority ethnic service users (SUs) are substantially under-represented in secondary mental health services due to gaps in understanding needs of this priority group. We aimed to assess and identify any differences in characteristics and acceptability, with a focus on minority ethnic mental health SUs.
Methods. A prospective, online feedback questionnaire was developed with the help of SUs. This was built into video consultations (VCs), using the secure Attend Anywhere platform through a survey link. We present results between July 2020 and January 2022, during which, a total of 2,565 SUs completed the online questionnaire after VCs. SPSS (version 27) was used for descriptive statistical analysis. Chi-squared test, using 5% level of significance, was conducted to test differences between the two (minority Vs majority ethnic) SU groups.
Results. Of 2,565 SUs, 119 (4.6%) were from minority ethnic groups (Asian British, Mixed/multiple, Black British, and Other), 2,398 (93.5%) were White British, and 48 (1.9%) preferred not to disclose. A higher percentage of SUs were females from both minority (55.6%) and White British (66.1%) ethnic groups ($\varkappa^2$=5.476, $p < 0.05$). By age group, almost half (48.7%) of minority ethnic SUs were less than 25 years old, compared with those from White British ethnicity (29.2%). In contrast, only 2.5% minority ethnic SUs were aged ≥65 years with none ≥80 years old ($\varkappa^2$ Likelihood Ratio = 27.11, $p < 0.001$).

No significant differences were found for video technical quality, such as waiting area, joining the video call, sound, and video quality. Similar findings were observed for video care delivery aspects with no significant differences between (minority ethnic and White British) SUs. Overall, both groups felt comfortable during the video call ($\varkappa^2$=0.137, $p > 0.05$), their needs were met ($\varkappa^2$=0.384, $p > 0.05$) and felt supported ($\varkappa^2$=0.164, $p > 0.05$). However, according to care team, a significantly higher percentage of minority ethnic SUs (43%) had remotely consulted Specialist (Eating disorders, Well-being/IAPT) services compared with those of majority ethnicity (29%) ($\varkappa^2$ Likelihood Ratio = 21.936, $p < 0.05$).
Conclusion. Both minority ethnic and White British SUs found video care to be acceptable, with positive experiences. A significantly high proportion of minority ethnic SUs was younger and had remotely consulted Specialist services, with none in the 80-plus age group. These findings highlight priority areas to address among this massively underrepresented group in mental healthcare services.

Implementation of Traffic Light System on Food Sold at Brockfield House Medium Secure Unit to Help Improve Healthy Food Options

Dr Ngozi Agunwamba[1]*, Dr David Ho[1], Dr Raman Deo[1], Ms Maniya Duffy[1], Dr Stavroula Madenlidou[1] and Dr Fintan Larkin[2]

[1]Essex Partnership University NHS Foundation Trust, Wickford Essex, United Kingdom and [2]West London Mental Health NHS Trust, London, United Kingdom
*Presenting author.

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Aims. Public Health England published a report in 2017 on Obesity in Secure Mental Health units. A key finding of the review was that not only is obesity and overweight more prevalent in the population detained within mental health secure units (with rates of up to 80% reported) than in the general population (around 60%), patients appear to be more at risk of weight gain when detained. The report found evidence that there is a high risk of weight gain following admission, stemming from the combined effects of incarceration, ease of access to high calorific food, and the potential lack of access to recommended levels of physical activity. This project aims to; 1. Implement a traffic light system on food and confectionaries sold at the shop at a Medium secure hospital. 2. Provide healthier food options at the shop by using the traffic light system as a visual aid 3. To achieve weight reduction and promote healthy lifestyle choices in patients admitted to our medium secure Forensic unit.
Methods.
1. Buying a new till system which is able to quantify what type of food is sold.
2. Labelling food sold using a traffic light system.
3. Calculate types of food sold following a three-month period after implementation.

Results.
1. Traffic light system provides a visual aid to patients in choosing healthier food.
2. Patients in our medium secure unit achieve a reduction in their weight.
3. Traffic light system can be replicated/ adopted by other secure hospitals.

Conclusion. The purpose of this research is to implement a traffic light system on food sold at a shop in our medium secure unit. It is hoped that by providing visual aids, patients have a means of easily identifying healthier food options. Choosing healthier food we hope will consequently result in weight reduction and overall improved lifestyle choices.

Mental Health Status of High School Students in Khartoum State, Sudan During the COVID-19 Pandemic: A Cross-Sectional Study

Dr Randa Altamih[1]* and Dr Osman Elmahi[2]

[1]Faculty of Medicine, University of Khartoum, Khartoum, Sudan and [2]Faculty of Medicine, Ibn Sina University, Khartoum, Sudan
*Presenting author.

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Aims. This study sought to assess mental health status of high school students in Khartoum State, to evaluate the participants' adherence to COVID-19 preventive measures and to identify factors associated with commitment to COVID-19 guidelines and mental health status during the COVID-19 pandemic.
Methods. This was a descriptive, cross-sectional and institution-based study. 364 post-primary students in 10 schools were selected by multistage stratified cluster sampling. Mental health status was evaluated using the General Health Questionnaire (GHQ-12). Chi-square testing was used to identify influencing factors of mental health status and commitment to practicing COVID-19 preventive measures.
Results. A median commitment score of 2/5 was achieved. 70.8% of students in this study demonstrated low commitment (< 50%) to practicing COVID-19 preventive guidelines. Commitment to COVID-19 preventive measures was significantly associated with gender ($p = 0.047$), academic year ($p = 0.033$) and post-primary schools attended by the participants ($p < 0.001$). 36.5% of the participants' GHQ-12 scores demonstrated severe psychological distress (GHQ-12 > 20/36). A mean GHQ-12 score of 18.4 and median of 19 was achieved, indicating moderate to severe psychological distress. GHQ-12 scores were significantly

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