Results. Direct-effects models supported ENORG religiosity's protective role against experiencing distress or negative impact on daily function from hallucinations. Intrinsic religiosity had positive indirect-effects on hallucinations distress/impact through depression, anxiety, and through EORG but negative (suppression) indirect-effects on hallucinations distress/impact through ENORG. Younger and married from lower socio-economic class participants had comparatively more severe hallucinations and more distress from them.
Conclusion. We present evidence of differential associations between the religiosity types, socioeconomic and cultural groups, and past week distress/impact of hallucinations.

Our data support the importance of alignment between religious education and mental health and well-being education.

Emotional Dysregulation and Altered Reward Processing in Self-Harm

Mr Emre Yavuz*, Ms Rachel Rodrigues and Dr Martina Di Simplicio

Imperial College London, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.261

Aims. Self-Harm (SH) is defined as "any act of self-injury or poisoning carried out by a person irrespective of their motivation". SH increases the risk of adverse outcomes including suicide attempts, necessitating early intervention. The most widely reported reason for SH is to relieve negative affect (NA), with NA precipitating SH engagement. SH participants show altered reward processing, particularly reward hypersensitivity. NA could trigger reward hypersensitivity and therefore SH engagement. However, the interaction between NA and reward processing in SH remains unclear.

Aim: To investigate whether those who SH show differences in processing SH stimuli compared to healthy controls (HCs) following NA induction.

Hypothesis: NA induction will result in SH participants having significantly shorter reaction latency (RL) and significantly greater reaction accuracy (RA) in the SH condition of the Incentive Delay task (IDT) than HCs.
Methods. 16–25-year-old SH (n = 35) and HC (n = 20) participants were recruited on social media. Participants completed the Trier Social Stress Test, to induce NA, followed by the IDT. In the latter, participants were cued to respond to a target as quickly as possible, and on responding were shown images of either a SH act (SH condition), people socializing (social condition) or money (monetary condition), where each condition had control trials where a neutral image was shown, which participants also had to respond to (SH neutral, social neutral and monetary neutral conditions respectively). RA was the percentage of IDT trials in which participants responded within the target's presentation time. RL in the IDT was the time (seconds) between the target appearance and the participant's response.
Results. A linear mixed effects model showed no significant main effect of group on RL (SH vs HC), condition (Social, SH or Monetary) or group x condition interaction ($p > 0.05$). There was a significant main effect of condition on RA ($p < 0.05$) but not group or group x condition interaction ($p > 0.05$). Past-week SH frequency and RA were significantly and positively correlated in social, social neutral and monetary conditions ($p < 0.05$).
Conclusion. Overall, there was a non-significant effect of NA on reward processing. However, as greater past-week SH frequency was significantly associated with greater RA, understanding how reward processing and NA interact in SH can provide greater insight into its triggers. Given this study's limited sample size and cross-sectional nature, future studies should investigate how NA and reward processing interact longitudinally and in larger samples to understand how SH can be reduced.

Gray's Impulsivity Is Differentially Associated With Amygdala-Insula Functional Connectivity in Adolescents, Depending on ADHD Risk Status

Mr Kristóf Ágrez* and Dr Nóra Bunford

Developmental and Translational Neuroscience Research Group, Institute of Cognitive Neuroscience and Psychology, Research Centre for Natural Sciences, Budapest, Hungary
*Presenting author.

doi: 10.1192/bjo.2022.262

Aims. Attention-Deficit/Hyperactivity Disorder (ADHD) is associated with alterations in both reinforcement sensitivity and affective processing but the nature of the associations of these characteristics is yet to be examined. We hypothesized that individual differences in the sensitivity of the Behavioral Approach System (BAS) would exhibit differential relations with affective network connectivity – involved in emotional regulation and salience monitoring – in youth at-risk for, relative to youth not at-risk for, ADHD.
Methods. Adolescents ($n = 125$; M_{age}=16.24 years, $SD = 1.09$ years; 61.6% boys) were recruited as part of The Budapest Longitudinal Study of ADHD and Externalizing Disorders. Forty-nine were classified as at-risk for ADHD (M_{age}=16.15 years; $SD = 1.21$ years; 77.6% boys), defined as exhibiting ≥4 parent-rated symptoms of either domain on the ADHD Rating Scale-5. Participants completed a 10-minute resting-state functional Magnetic Resonance Imaging session, during which they were asked to focus their attention on a fixation cross, as well as various self-report assessments, including the Reinforcement Sensitivity Theory of Personality Questionnaire (RST-PQ).
Results. Functional Network Connectivity analyses indicated an interaction effect between the RST-PQ BAS impulsivity subscale and at-risk status on functional connectivity between four affective network region-pairs ($ps < .05$, False Discovery Rate [FDR] corrected) within a cluster based on functional similarity ($p = .014$, FDR-corrected). Follow-up OLS linear regressions showed higher impulsivity scores predicted stronger functional connectivity between the (1) left amygdala-right insula ($F(6, 117) = 3.298$, $p = .005$, adjusted R^2=.101), (2) left amygdala-left insula ($F(6, 117) = 2.2$, $p = .048$, adjusted R^2=.055), (3) right amygdala-right insula ($F(6, 117) = 3.833$, $p = .002$, adjusted R^2=.121), and (4) right amygdala-left insula ($F(6, 117) = 3.064$, $p = .008$, adjusted R^2=.092) in at-risk youth, whereas an inverse relationship was apparent in not at-risk youth.

There was no main effect of group status on BAS impulsivity scores ($t(122)$=−1.167, $p = .246$) or on functional connectivity ((1) $t(122) = .383$, $p = .702$; (2) $t(122) = .195$, $p = .846$; (3) $t(122)$ =−.107, $p = .915$; (4) $t(122)$=−.206, $p = .837$).
Conclusion. The amygdala-insula connection has been shown to be involved in trait impulsivity, however, available ADHD-focused studies targeted emotional functioning. To our knowledge, we are the first to demonstrate that Gray's impulsivity – reflecting trait reward sensitivity – is predictive of amygdala-insula functional connectivity at rest and that this relation differs given ADHD risk. Results have conceptual and practical implications (e.g., early identification) as the role of the amygdala-insula connection in reward sensitivity appears

https://doi.org/10.1192/bjo.2022.262 Published online by Cambridge University Press

especially relevant for a developmental phase and a diagnostic group linked to increased risk taking.

Quality Improvement

The Pattern of Clinical Activities in Alliance CAMHS Over a 3-Month Period: 2020 vs 2021

Dr Olajide Adegbite*, Dr Tania Saour and Dr Sahar Bhatti

West London NHS Foundation Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.263

Aims. This Quality improvement project will look into the data collected over the same period in 2020 and 2021 to highlight patterns and changes as a result of the COVID-19 pandemic, and how to improve the quality of service provided by the team.
Methods. The record of a total of 349 patients was accessed from the Alliance team spreadsheet and patient electronic records (Rio) between September and November in 2020 and 2021.
The inclusion criteria include:
1. All patients referred to the team
2. All patients managed by the team
3. Patients referred between September and November 2020
4. Patients referred between September and November 2021

Data collected include:
1. Presenting complaint
2. Demographics- gender and race
3. Source of referral
4. Outcome of referral
5. Timeline of first contact after referral

Results.
1. The overall number of referrals between September and November 2020 was more than referrals over the same time period in 2021; 188 patients in 2020 and 161 in 2021
2. Of the 188 referred in the 2020 audited period, 55%(102) were from minority ethnic groups compared to 50%(80) in the 2021 audited period. So the number and proportion of minorities requiring mental health support rose due to the impact of COVID pandemic infections, restrictions, and lockdowns.
3. In 2020, the proportion of male patients was 26%(49) compared to 18%(30) in 2021. This is important because the majority of our patients are females which implies that the COVID pandemic had a significant effect on the entire population leading to more male patient referrals.
4. The overall number of patients that presented with self-harm was greater in 2020 than in the 2021 period of audit.
5. The overall number of patients that presented with anxiety was also greater in 2020 than in the 2021 period of audit.
6. Of the 188 patients referred between September to November 2020, 58% (109) of them were seen within 24 hours of referral compared to 61% (99) in 2021. In the 2021 period, the restrictions have stopped and it has become far easier to carry out assessments at home and school while using the necessary protective gear.
7. It was noticed that there was a lot of telephone support in 2020 but none in 2021. The majority of these patients were those who were already known to the service and were being supported but deteriorated mentally during the peak of the pandemic.
8. There was a lot of referral from the single point of access (SPA) in between September and November 2020 while there was none over the same time period in 2021. This could have resulted from another impact of the pandemic when a lot of service providers were off sick and their patients could not reach them directly so they opted to go through SPA. Some new referrals also came this way.
9. It is also noteworthy that 59% (112) of patients seen in the 2020 audited period were already known to the service while 54%(88) seen in 2021 were known. This implies that a lot of our patients deteriorated due to the pandemic
10. We also had more new referrals in 2021 than in 2020 for the same audited period.
11. Six percent of the 188 patients seen 2020 audited period had telephone support while none did in 2021. Since all restrictions were lifted in July 2021, the service has opted for a more conventional approach of patient assessment which is face to face especially when expedient.
12. Fifty-two percent (85) of 161 patients seen in the 2021 audited period were signposted to another service while 44% (72) of 188 seen in 2020 were signposted.

Conclusion. This audit has proven that not only did the pandemic affect the overall volume of patients seen, but it also increased the proportion of male patients seen and the relative proportion of minority ethnic groups that used the service.

The pandemic and government policies also influenced how patients were assessed seeing how 2020 had a lot of telephone support.

It's impressive to know that the team managed to cope in these challenging periods without compromising the quality and standard of care as well as leaving behind an up to date medical records making this audit possible and easy

Important Recommendations includes:
1. Completing annual audits on the pattern of clinical activities
2. Continued review of quality and consistency of data collection
3. To consider an alternative method for data collection to minimize the risk of human error.
4. Regular training sessions for mental health crisis team in keeping with changes to mental health presentations during the COVID Pandemic.
5. To review data collected and expand on the information collected to include gender and ethnicity

Introduction of ECT Discharge Summary- a Quality Improvement Project to Improve Communication Between Treating and Referring Clinicians and Aiming Better Patient Care

Dr Ayesha Ahmad*, Dr Adnan Khan and Mrs Yetunde Abiodun

Essex Partnership University NHS Foundation Trust, Chelmsford, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.264

Aims. There was an initial QIP done in 2019 highlighting the deviation and deficits from ECTAS Guidelines. We tried to make positive change by introducing checklists and assessments. We were able to reach our goal but noted that collating information was a time taking task. More ever, documents were not always accessible as patients come to Mid Essex ECT clinic from other parts of Trust as well as from Private inpatient settings which meant that we did not have records for those patients. We noticed clear lack of communication between out of area referring and treating clinician regarding treating team's view about patient progress, assessment results and recommendations for future ECT need, which we thought could be improved by generating discharge summary of each patient as end of treatment.
Methods. We conducted retrospective audit for all treated patients in ECT clinic in 2020(n = 18,re-audited in 2021 and

https://doi.org/10.1192/bjo.2022.262 Published online by Cambridge University Press