

categorical variables and simple linear regression was used to assess for binary and numerical outcomes in terms of resilience, PHQ, DSCQ, satisfaction with leisure time and perceived social support, with significance set as $p < 0.05$.

Results. A total of 129 doctors responded to the survey. Over half were male, and nearly 70% were married. Nearly half were below age 40 and only about 5% had no immediate family living in Singapore.

Burnout was associated with young age ($p < 0.004$) and those with anxiety 2.39 (2.13 to 2.64) $p = 0.038$, and depressive symptoms 2.71 (2.44 to 2.97) $p < 0.001$. Psychological demand was positively associated with burnout (1.52 (1.32 to 1.71) $p < 0.001$; whereas decision latitude -0.69 (-0.85 to -0.52), social support at work -1.35 (-1.49 to -1.21), and high resilience -0.56 (-0.63 to -0.48), were negatively associated (all $p < 0.001$).

Satisfaction with leisure time was negatively correlated with burnout ($p < 0.001$). Contrary to hypothesis, singlehood, gender, overseas staff recently joined with no accompanying family were not associated with burnout ($p > 0.05$). In addition, perceived social support from outside work did not mitigate against burnout ($p > 0.05$).

Conclusion. Young age, anxiety and depression, and psychological demands were risk factors, whereas resilience, decision latitude, satisfaction with leisure, and social support at work were protective factors against burnout. Reducing workload, improving work schedules, promoting self-management, teaching physical, mental, and emotional self-care, and other stress management activities are among the effective techniques shown to reduce burnout. Interventions should be made available for all staff, but specifically focusing on those at greatest risk.

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Examining Social Touch in Early-Life Stress

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doi: 10.1192/bjo.2024.195

Aims. Social contact is crucial for both immediate and later development of adaptive social and emotional behaviour. Tactile experiences during childhood influence the development of the social brain and frequent affectionate touch is associated with secure attachment style. Social touch is an important form of social interaction and plays a significant role in the formation and maintenance of relationships in humans across development, where the hedonic properties of touch are involved in improving the quality of life. However, relatively less research attention has focused on social touch experiences in individuals with a history of early-life interpersonal stress, particularly childhood maltreatment.

Methods. Social touch pleasantness ratings using a newly developed Social Touch task and attitudes about a variety of social touch behaviours using the Social Touch Questionnaire (STQ) were examined in 40 age- and gender-matched young adults (23 childhood maltreatment, 17 controls).

Results. The childhood maltreatment group had significantly lower STQ score than the control group, where lower STQ score was furthermore correlated with higher severity of maltreatment, particularly physical neglect. For the social touch task, females who experienced childhood maltreatment had

significantly lower mean pleasantness ratings for positive social touch than their male counterparts, and these differences were mainly in response to touch given by stranger and friend of opposite gender.

Conclusion. These preliminary results show that early-life interpersonal stress from caregivers may potentially influence touch processing and pleasantness, particularly for females, and there is a need to further explore the effects of different touch giver role (e.g. friend, stranger, partner).

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Associations Between Adiposity Measures and Depression and Well-Being Scores: A Cross-Sectional Analysis of Middle- to Older-Aged Adults

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doi: 10.1192/bjo.2024.196

Aims. Obesity and mental health are significant global health concerns. Evidence has linked increased adiposity with depression and well-being; however, there is limited documented evidence in Ireland. Research also suggests that lifestyle factors and disease conditions are related to mental health. These may modulate relationships between adiposity and depression and well-being. The aim of this study was to examine associations between mental health scores and adiposity defined using body mass index (BMI) and waist-height ratio, and subsequently determine whether significant relationships persist following adjustment for lifestyle factors and common disease conditions.

Methods. This was a cross-sectional study of 1,821 men and women aged 46–73 years, randomly selected from a large primary care centre. Depression and well-being were assessed using the 20-item Centre for Epidemiologic Studies Depression Scale (CES-D) and the World Health Organization-Five (WHO-5) Well-Being Index. Linear regression analyses were performed to examine relationships between mental health scores (dependent variable) and adiposity defined using BMI and waist-height ratio (independent variable), while adjusting for demographic characteristics, lifestyle factors and disease conditions. These demographic, lifestyle and disease factors included gender, age, education, smoking status, alcohol intake, physical activity levels, dietary quality, type 2 diabetes, cardiovascular disease and cancer.

Results. BMI and waist-height ratio had a significant positive association with depression scores and a significant inverse association with well-being scores in males and females. These associations were maintained following adjustment for demographic variables and lifestyle factors. In final models where disease conditions were adjusted for, BMI ($\beta = 0.743$, $p < 0.001$) and waist-height ratio ($\beta = 0.719$, $p < 0.001$) associations with the CES-D score remained significant. In stratified analyses, relationships between measures of adiposity and depression were found to be stronger in females (BMI: $\beta = 0.806$, $p = 0.007$; waist-height ratio: $\beta = 0.768$, $p = 0.01$) than males (BMI: $\beta = 0.573$, $p = 0.049$; waist-height ratio: $\beta = 0.593$, $p = 0.044$) but no effect modification was identified.

Conclusion. This study demonstrates a significant association between increased adiposity and poorer mental health in a middle- to older-aged population, which is in agreement with

previous evidence. In addition, these findings suggest that the positive relationship between adiposity and depression is independent of lifestyle factors and disease conditions and is stronger in females. Targeted interventions for reducing depression should include better weight management population-level measures, particularly in the female population.

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Healthcare Practitioners' Views on Management Practices of Self-Harm in Older Adults: A Qualitative Study Conducted in Ireland

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doi: 10.1192/bjo.2024.197

Aims. To explore the views of healthcare practitioners from diverse clinical settings on management practices when supporting older adults with self-harm behaviour.

Methods. Semi-structured interviews were conducted with healthcare practitioners with previous experience supporting older adults who self-harm, including consultant psychiatrists, general practitioners, clinical psychologists, psychotherapists, clinical nurse specialists and social workers. Purposive sampling was used to recruit participants in the Republic of Ireland to ensure a varied representation of location and clinical area. Healthcare practitioners were recruited by advertising the study via professional and clinical research networks, social media and snowballing methods. Interviews were audio-recorded and transcribed verbatim. Transcripts were uploaded to QSR NVivo Software Version 12 to facilitate analysis. Themes were identified in the data using the steps of thematic analysis which involve data familiarization, coding, theme development and revision.

Results. Interviews were conducted with 20 healthcare practitioners from April to July 2023. Healthcare practitioners offered diverse perspectives across general practice, community mental health services, liaison psychiatry, emergency department settings and inpatient mental health units. Three main themes were generated:

1. Supporting older adults after self-harm: complex and challenging.
2. Multiple barriers to the management of self-harm: i) strained resources and unclear referral pathways, ii) limited awareness/health promotion, iii) unsuitable environments, iv) stigma and shame, and v) complexity of self-harm.
3. Risk assessment in older adults: increased risk and the importance of safety planning.

Relevant quotes from participants are provided to support these themes.

Conclusion. Healthcare practitioners viewed self-harm in older adults as complex, challenging and associated with high suicide risk. Increased mental health promotion and awareness of mental health and suicidal behaviour in this age group would help address current stigma and shame. Primary care was identified as a sector that older adults often access and where prevention, identification and support can be offered, with more complex

cases being promptly referred to more specialist services. Several supports and therapies that could help older adults were identified; however, due to the limited availability of services, supports were often restricted due to cut-off age criteria or disparity of care at a national level. Provision of care needs to be improved upon, with standardised supports still needing to be implemented across the country. Future research can address the perspectives of older adults on how they would prefer to be supported for their self-harm.

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Point-of-Care Blood Testing in Severe Mental Illness: A Mixed-Methods Evaluation

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doi: 10.1192/bjo.2024.198

Aims. There is a significant mortality gap between the general population and people with SMI. This is especially prominent in those with psychotic disorders, underpinned by an increased risk of cardiometabolic disease. Identifying patients at risk early in their psychotic disorder is of key importance to reduce this mortality gap. Despite the recognised importance of regular physical health assessments in this group, completion rates are sub-optimal. Point-of-care testing (POCT) to screen for diabetes and hyperlipidaemia, providing a result from a fingerprick sample in under 10 minutes presents a potential solution to enhance delivery of physical health checks and improve health outcomes in a proactive manner.

We introduced POCT across EIP teams in Southeast of England and evaluated the impact on physical health check completion rates and the quality of clinician-patient interactions in EIP teams.

Methods. A stepped wedge study was performed, introducing Abbot Afinion-2 machines across 30 EIP teams in all eight Mental Health Trusts in South East England (2021–2022). Numbers of completed physical health checks, and HbA1c and lipids blood tests completed in six months before and six months after introduction of POCT were collected from individual patients. Data were compared with those from the South West, which acted as a control region. Data were analysed from National Clinical Audit of Psychosis (NCAP) over comparable date range (2021–2022) to corroborate the findings. Clinician questionnaires were administered at three timepoints (after training, two-months, and eight-months), capturing training experiences, device usability and impacts on patient interactions.

Results. In Southeast England, the rate and quality of physical health checks increased after introduction of POCT HbA1c testing OR 2.02 (95% CI 1.17 to 3.49), lipids 2.38 (1.43 to 3.97), and total completed health checks 3.61 (1.94 to 7.94). These increases were not seen in the Southwest region that did not introduce the machines. A post-hoc review of national audit data also showed a greater improvement of health checks in the intervention group compared with the comparator group over an overlapping timescale. Findings from the questionnaires