

Results: The median age among the respondents was 34 years. Mental illness in the family history had 38 (65.5%) people. Among the examined patients, 21 ((36.2%) people had psychasthenic traits premorbid, 13 (22.4%) – hyperthymic, 9 (15.5%) – hysterical. 15 patients (25.9%) had a history of maternal disorders during pregnancy and childbirth – 16 (27,6%) had neurotic disorders in childhood, 27 (46.6%) had a traumatic brain injury or general anesthesia. 2 patients (3.4%) reported substance abuse, 7 (12.1%) abused alcohol. The median period from somatic well-being after infection to the onset of mental illness was 3 months. The duration from the onset of symptoms of a mental disorder to treatment with a psychiatrist was 3 months. The main symptoms in the clinical picture were impaired concentration (100.0%), decreased productivity (98.3%), sleep disorders (96.6%), decreased mood (98.3%), anxiety (89.7%), anhedonia (75.9%), decreased appetite (65.5%), asthenia (65.5%), emotional lability (44.8%), self-blame ideas (43.1%), obsessive thoughts (39.7%), irritability (37.9%), suicidal thoughts (19.0%).

Conclusions: About two-thirds of respondents were female. The main reasons for consulting a psychiatrist were decreased concentration, sleep disorders, and reduced productivity. In addition, symptoms of anxiety, asthenia, and low mood were revealed, and more than half of the patients complained of apathy. Although the severity of depression was moderate, and the level of anxiety was mild, all these disorders were accompanied by clinically significant fatigue.

Disclosure of Interest: None Declared

EPP0433

The impact of the COVID-19 pandemic on children and adolescent mental health inpatient service use in England: An interrupted time-series analysis of national patient records

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Introduction: During the COVID 19 pandemic children and young people (CYP) faced significant restrictions. The virus and restrictions also affected how health services could function, including mental health. Research analysing the COVID 19 pandemic is important to ensure dynamic and resilient service design in case of future national emergencies.

Objectives: To investigate the impact of COVID-19 lockdowns on CYP psychiatric admission trends during lockdowns 1 (started 26 March 2020) and 2 (started 20 November 2020) of the COVID 19 pandemic in England.

Methods: Routinely collected, retrospective, English, administrative data looking at the CYP hospital admissions, length of stay and patient demographics were analysed using an interrupted time series analysis to compare pre-pandemic service use with service use during COVID 19 lockdowns 1 and 2. The analysis used an ordinary least squares (OLS) approach with Newey–West standard errors to handle autocorrelation and heteroscedasticity.

Results:

Table 1. Patient characteristics in the entire sample (n=6,250)

Variable	Pre-pandemic (n=1,156)	Post-pandemic (n=94)	Total sample (n=6,250)
Mean age at admission (SD) [Median; IQR]	15.3 (1.7) [16;3]	15.6 (1.6) [16;2]	15.3 (1.7) [16;3]
Gender			
Female	70%	72%	70%
Missing	1%	2%	1%
BAME background			
Yes	18%	18%	18%
Missing	7%	6%	7%
Looked after			
Yes	11%	8%	11%
Missing	14%	13%	14%
In full education			
Yes	43%	34%	43%
Missing	35%	47%	35%
Mean number of admissions per patient (SD) [Median; IQR]	1.7 (1.2) [1;1]	1.2 (0.6) [1;0]	1.7 (1.2) [1;1]
Mean length of stay (SD) [Median; IQR] n	93 (94) [68;94] 6,065	65 (65) [43;77] 71	93 (94) [67;94] 6,136
Mean number of out-of-area admissions per patient (SD) [Median; IQR]	0.48 (0.8) [0;1]	0.33 (0.6) [0;1]	0.48 (0.80) [0;1]

SD: standard deviation; IQR: Interquartile range

Image:

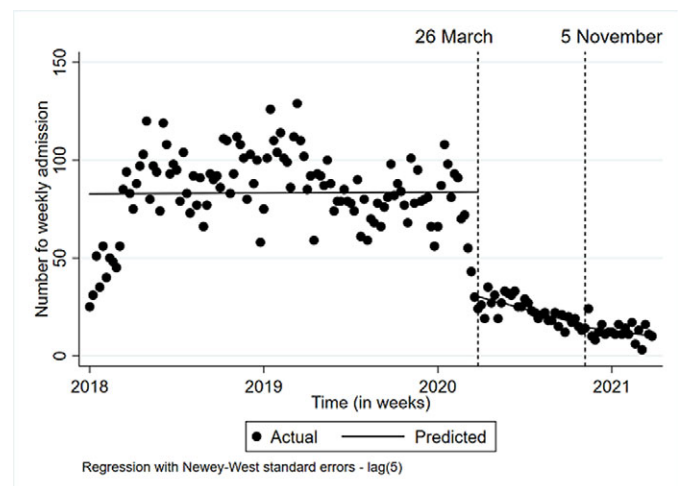


Image 2:

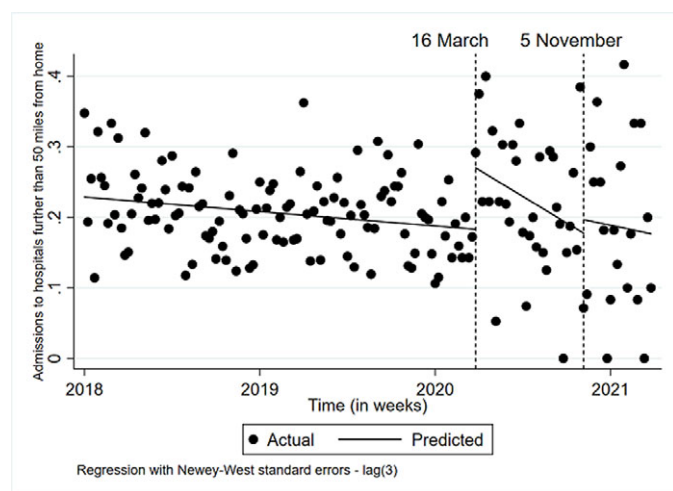
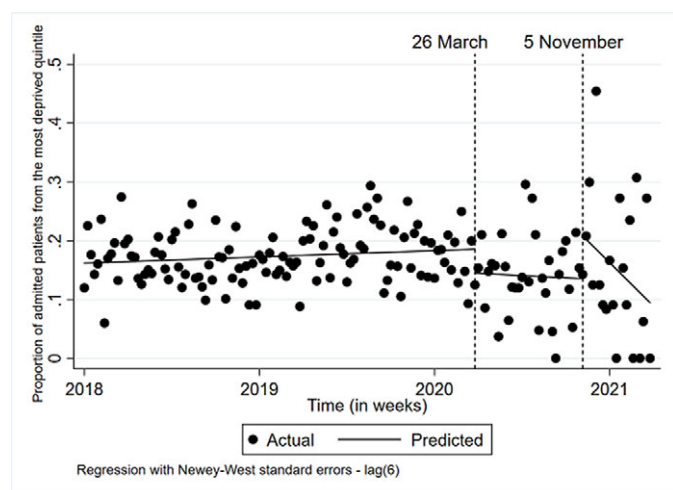


Image 3:



Conclusions: During lockdown 1 and 2, psychiatric admissions for CYP were fewer and shorter. The rise in admissions for more deprived CYP and looked after children suggests these CYP may have been disproportionately affected by the pandemic.

Disclosure of Interest: None Declared

Cultural Psychiatry 02

EPP0434

Use of a Two-Eyed Seeing Approach to Increase Client Satisfaction with Psychiatric Services Among an Indigenous Population

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Introduction: Psychiatry has historically had difficult relationships with Indigenous people, tending to dismiss their views on mental health and illness as superstitious or primitive. Indigenous people have responded by refusing to come for services, missing appointments, and dismissing treatment offered. Canadian Mi'qmaq elder Albert Marshall introduced the term, *etuaptmumk*, to highlight the idea that Indigenous Knowledge and Practice has equal value to contemporary psychiatry. While translated as two-eyed seeing, the term refers to explanatory pluralism and invites a respectful dialogue among cultures as equals.

Objectives: We implemented a two-eyed seeing research in Indigenous communities to explore the differences of some Indigenous North American cultures in their view of mind and mental health from conventional Euro-American psychiatry and how their cultural practitioners negotiated those differences. We wondered how perception of services would change if mental health practitioners were aware and were more respectful of those differences.

Methods: We engaged in a series of discussions with traditional knowledge keepers about their views on mind and mental health. We used constructivist grounded theory methods to identify what was common among these views. We developed a training program to engage mental health clinicians in understanding and responding to these differences. We engaged community members receiving services in a discussion about their perception in the change in the quality of the services. We summarized their responses.

Results: Differences between Indigenous views and those of conventional psychiatry included (1) greater emphasis on the role of community and socio-environmental influences on mental health, (2) inclusion of spirituality and spiritual beings in their expectation for cause of problems and treatment, (3) greater emphasis on inter-generational trauma and historical trauma in addressing mental health. After inclusion of practitioners in the mental health services who had been oriented to these differences and integration of ceremony into the mental health services, ninety-four percent of respondents asked if the service had improved responded in the positive. Attendance at scheduled appointments increased from 56% to 81%. Adherence to recommendations increased from 27% to 67%, which were significant.

Conclusions: Awareness of cultural differences in beliefs about causes of mental illness and acceptable types of treatment increased client satisfaction with services offered, improved attendance rates, and improved adherence rates to treatments offered among