

reports specially CT scan of brain. Psychiatric assessment was done using General Health Questionnaire (GHQ12) as screening tool. All GHQ12 positive cases were evaluated using mental state examination and recorded in a MSE sheet. Diagnosis of psychiatric disorders of all respondents was confirmed by psychiatrist according to DSM-5 criteria.

**Results.** The patients with ischaemic stroke and control subjects were similar in age [57.6 (SD  $\pm$  5.5) years vs 57.1 (SD  $\pm$  4.5) years;  $p > 0.130$ ] and sex [48 (72.7%) male and 18 (27.3%) female vs 45 (68.2%) male and 21 (31.8%) female;  $p = 0.567$ ]. Comorbid psychiatric disorder was found in 23 (34.8%) patients of ischaemic stroke and 9 (13.6%) control subjects. The comorbid psychiatric disorder was significantly higher in patients of ischaemic stroke than that of control subjects ( $p = 0.004$ ). Comorbid specific psychiatric disorders were generalized anxiety disorder in 9 (13.6%) and major depressive disorder in 14 (21.2%) in stroke group; while comorbid specific psychiatric disorders were generalized anxiety disorder in 2 (3.0%) and major depressive disorder in 7 (10.6%) respondents in control group ( $p < 0.013$ ).

**Conclusion.** Comorbid psychiatric disorders are quite common among patients with first ever ischaemic stroke in the form of major depressive disorder and generalized anxiety disorder. Therefore, attention should be paid to the anxiety and depressive symptoms in stroke units and try to relieve the patients' emotional stress and personal suffering, which could improve their neurological outcome.

### Service User Involvement in Recovery-Oriented Care Planning: A Realist Synthesis

Mr Thomas John\*, Emeritus Professor Jenny Billings and Professor Patricia Wilson

University of Kent, Canterbury, United Kingdom

\*Presenting author.

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**Aims.** Service user involvement (SUI) in recovery-oriented care planning (ROCP) warrants more sophisticated theorisation and explanation to support practice improvement. This study investigated which changes to practice work best, in what circumstances, and to what extent, to embed an active role for service users' involvement in ROCP during the acute inpatient mental health care pathway.

**Methods.** A realist synthesis, combined with qualitative methods, was conducted to theoretically explore the causal mechanisms that underlie SUI in ROCP and how contextual factors influence the link between these causal mechanisms and outcomes. The study was conducted in three stages: theory-gleaning, theory-refinement and theory-consolidation. Initial programme theories were developed in the theory-gleaning stage. Theories were refined iteratively in the theory-refinement stage, using evidence from a realist review and interview data. With stakeholder involvement, refined programme theories were finely tuned using 'if-then' statements in the consolidation stage.

**Results.** Five programme theories relating to the acute care pathway were identified following the realist synthesis:

- 1) '**Provider-controlled care transition**' (admission to acute inpatient mental health units), referring to limitations to service users' active involvement. The focus of care and access to acute inpatients units should be needs-led, rather than resource-led or demand-driven;
- 2) '**Care plan as a recovery tool?**' – addressing infrastructural and organisational limitations to active SUI in care-plan formulation. The use of multidisciplinary meetings as a forum

for care-plan formulation can create a cohesive approach and facilitate shared ownership;

- 3) '**Ward rounds as a non-inclusive arena for shared decision making**', highlighting their unfulfilled potential for shared decision making about treatment. Professionals should focus on preparing service users for the ward-round process. Opportunities and access for service users to build therapeutic relationships with treating doctors are vital components;
- 4) '**Peer support worker intervention**' as a key factor in service users' recovery', concerning their positive impact. Their presence in ward rounds and care-planning meetings might create a more user-friendly atmosphere for service users; and
- 5) '**Provider-controlled care transition**' (discharge from acute inpatient mental health units), increasing focus on preparing service users for transition into the community, and constraints on resources should not dictate or anticipate decisions on discharging service users.

**Conclusion.** The study identified practices required to embed an active role for service users to be involved in ROCP, namely multi-contextual interventions at various levels (macro, meso and micro) of the mental health system. The study uncovered barriers that restrain SUI in ROCP, impacting desirable outcomes.

### Investigating the Role of Ethnicity and Religion or Spirituality on the Risk of Self-Harm in Children and Adolescents: A Systematic Literature Review

Dr Lin John\*

Cardiff University, Cardiff, United Kingdom

\*Presenting author.

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**Aims.** Around the world rates of self-harm vary, placing immense strain on health services. Approximately 20% of children and adolescents are thought to engage in self-harm. The systematic review aims to explore the characteristics, risks and protective factors of ethnicity and religion on self-harm in comparison to the general population. Better identification of risk factors can help professionals and local authorities develop intervention programs to mitigate the incidence of self-harm.

**Methods.** The Population, Exposure, Outcome, Study design and setting (PEOS) was used as a framework to formulate the question for this systematic review. A literature search was conducted using EMBASE, MEDLINE and APA PsycInfo databases and all English articles published between 2010 and 2020 were screened against the inclusion and exclusion criteria.

**Results.** Fourteen studies which met the criteria were identified and appraised using the Joanna Briggs Institute (JBI) critical appraisal checklist.

Unintentional injuries, sexual behaviours, adverse childhood experiences, health status and poverty alongside racial discrimination were associated with self-harm and or suicidal ideation in ethnically diverse populations. In African Americans, Hispanics and Whites, violence or physical altercation, illicit substance misuse, sadness and hopelessness increased the risk of self-harm and or suicidal ideation. The association of subtle forms of discrimination and suicidal ideation was noted to be statistically significant for African Americans, whereas for Latinx this was only marginally increased. Low mood and hopelessness in African American girls, substance misuse in American Indian youths, and aggression in the Caribbean cohort were also noted to present with increased self harm.

Adolescent's religiosity and parental monitoring had both a direct and an indirect role for suicidal ideation reduction.

Religious importance and attendance at religious services by offspring and parents decreased self-harm in female adolescents more than males.

There was a wide heterogeneity in the population and factors reviewed in the different studies, hence pooling of data for meta-analysis of the quantitative studies was not appropriate to estimate prevalence or association between factors and characteristics of the population.

**Conclusion.** This narrative synthesis provides evidence that minority ethnic groups have unique factors, which can increase the rate of self-harm. Religion or spirituality favours a protective role in self-harm or suicide but not for suicidal ideation, although there were only a limited number of articles exploring this.

Future studies should focus on defining the ethnic groups further and exploring this and religious factors on a wider scale using standardised parameters.

### “The Stress of the Situation”: How Do Compounding Experiences of Oppression Impact Emotional Distress Among a Diverse Sample of Internally Displaced People in Colombia?

Dr Rachel Kerrigan<sup>1\*</sup>, Dr Rochelle Burgess<sup>1</sup> and Ms Laura Fonseca<sup>2</sup>

<sup>1</sup>Institute of Global Health, University College London, London, United Kingdom and <sup>2</sup>Universidad de La Sabana, Chia, Colombia  
\*Presenting author.

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**Aims.** Addressing the mental health needs of Internally Displaced People (IDPs) in Colombia has been identified as a public health priority. Women and disabled IDPs are recognised as under-researched populations, with differences in vulnerabilities to displacement and resettlement prospects. This thematic network analysis employs an intersectional approach to consider *how* compounding experiences of oppression impact emotional distress among IDPs to enable informed and appropriate service provision. **Methods.** This is a qualitative analysis of a subset of data collected by the second author and her research team in 2017–18, as part of a larger action research project. Participants were randomly selected from the Victim’s register in an industrialised municipality of Colombia. A subsample (n = 20) were invited to participate in life and family histories. Units of analysis were individual (n = 11) and family interviews (n = 9), with a mixture of self-identifying disabled and non-disabled men and women. River and tree of life tools were used to elicit culturally sensitive discussion of significant life events and ongoing distress. NVivo software and hand coding techniques were used to operationalise thematic webs. The analysis employed a grounded approach to thematic network analysis.

**Results.** Three global themes, each underpinned by several organisational themes, were developed. The first, *Environments and contexts of displacement*, considers the loss of land and community alongside the myriad of social institutions, legal entitlements, family circumstances, cultural expectations and stigma influencing participants’ access to resources. The second, *Making sense of it all*, represents the emotional and cognitive responses to perceived injustices and eroded trust. The third, *Mechanisms for managing distress*, represents strategies employed by IDPs at individual and family levels. Relationships between employment status and gendered divisions of labour were noted, suggesting that non-disabled women were able to meet increased domestic and paid work demands following displacement, though this

was a considerable source of stress. Concepts around racial, indigenous and class identities were alluded to by several participants but could not be fully developed due to relative scarcity of accounts within the dataset.

**Conclusion.** The thematic networks presented illustrate several compounding and interrelated oppressions faced by IDPs, offering explanation as to how this produces and sustains emotional distress. Participants’ well-founded worries about economic security and childcare alongside concerns for safety and acceptance in host communities require co-ordinated, locally informed responses. Prevention and recovery programmes should consider interventions at a family level, whilst strengthening participants’ self-developed strategies for managing distress.

### Afghanistan and the Global Heroin Trade

Dr Eamonn Kinally\*

Royal Glamorgan Hospital, Llantrissant, United Kingdom

\*Presenting author.

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**Aims.** In 2020, Afghanistan supplied around 85% of the world’s heroin. The recent Taliban takeover and political upheaval seems highly likely to impact the supply chain, but how? This literature review aims to explore the background of heroin production and possible consequences of the recent conflict, both for suppliers and for end users.

**Methods.** In addition to recent mainstream media news articles on the Afghanistan conflict, PubMed search terms “heroin adulteration” were used to find 202 results. Only results published from the year 2000 onwards were examined for relevance, leaving 160 results. These were reviewed for relevance and led to suggestions of similar PubMed articles to arrive at the final 23 sources used.

**Results.** Studies of previous heroin shortages in Australia and the UK are discussed to gain insight into the potential effects of a future shortage. A reduction in heroin exports from Afghanistan would cut down the supply to most nations excluding North and South America. Sources of evidence for our current understanding of the supply chain are examined. Specific US and UK policy failure which led to the current situation is also provided for context.

Methods of production in Afghanistan and smuggling routes are also examined to help predict impending changes.

**Conclusion.** Given the number of factors involved it is difficult to anticipate with much certainty how the Taliban takeover of Afghanistan will affect the global heroin trade, but based on the available literature it seems more likely that this will cause shortages rather than an increased supply.

Clinicians should be aware that in line with previous shortages, this may cause a shift towards increased rates of polysubstance use in regular heroin users. We may also see a rise in incidents of harm from heroin adulteration with substances other than the currently widespread paracetamol and caffeine.

### Insight to Psychological Aspects of Cancer

Mr Ashkar Ali Kunhikkandy\*

Zaporozhye State Medical University, Zaporizhyia, Ukraine. IGNOU, Delhi, India

\*Presenting author.

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