

**Methods.** We used data from the Mental Health of Children and Young People 2017 survey, a stratified probability sample of children and their parents and teachers across England. The screening questions from the Eating Disorders module of the Development and Wellbeing Assessment (DAWBA) was completed by all children aged 11–19, all parents of children ages 11–16 and parents of children ages 17–19 where consent was given. Individuals were classified as screening positive for possible eating problems if they had one or more self-reported symptoms, or two or more parent-reported symptoms. We describe the proportion of individuals screening positive by age, sex, co-morbidities, and household income.

Individuals also answered questions about help seeking from different sources (in relation to any mental health concern). We classify these sources of support as informal, professional and specialist.

We analysed all data using Stata 17.

**Results.** A total of 36.4% (95% CI 34.8, 38.1) of children and young people aged 11–17 in England screened positive for a possible eating problem, including 47.6% of females (95% CI 45.3, 50.0) and 25.6% of males (95% CI 23.7, 27.8). 60.7% (95% CI 57.9, 63.4) of individuals who screened positive reported that they received no help over the previous year; 13.1% (95% CI 11.2, 15.4) had received informal help only; 17.0% (95% CI 15.0, 19.3) had professional but not specialist help; and 9.13% (95% CI 7.67, 10.9) had received specialist help. High proportions of individuals who received support from formal services during the year prior to the survey screened positive for possible eating problems: 42.7% (95% CI 38.6, 47.0) for teachers, 46.9% (95% CI 40.9, 53.0) for GPs, 32.2% (95% CI 23.1, 42.9) for Paediatrics and Child Health and 50.0% (95% CI 43.1, 56.8) for Mental Health Services.

**Conclusion.** Despite high numbers of young people screening positive for a possible eating problem, rates of help seeking in this group were low. Conversely, high proportions of those seeking professional help have a possible eating problem.

Clinicians should be aware of the high proportions of individuals with possible eating problems accessing their services. Future research should aim to increase help seeking in individuals with possible eating problems.

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### Living Alongside an Eating Disorder: A Qualitative Exploration of the Experiences of People in the UK Who Have an Adult Family Member Living With an Eating Disorder

Miss Laura Gill\*

University of Edinburgh Medical School, Edinburgh, United Kingdom

\*Presenting author.

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**Aims.** Eating disorders do not only affect the person who is suffering, but also their family. This qualitative study aims to understand the impacts on individuals who have an adult family member with an eating disorder, and what support they seek for their own well-being.

**Methods.** A convenience sample of 11 volunteer participants (10 family members and 1 charity worker) from the United Kingdom (UK) were recruited for interviews. Four UK eating disorder charities assisted with outreach by sharing the Participant Information

Sheet to their service users. Semi-structured interviews were conducted between February and March 2023. Interviews lasted on average 54 minutes and were recorded on video call (n = 9) or face-to-face on the University of Edinburgh campus (n = 2). Transcripts were analysed using thematic analysis, following a grounded-theory constructivist approach.

**Results.** Participants discussed how their lives were changed by engaging with the care of their family member, leading to a shift in family dynamics and a change in understanding of what it means to be a ‘normal’ family. Most interviewees perceived their relative’s eating disorder as a negative disruption to their own life, however one participant said that it had no negative impact on his well-being at all. Conflict in the household was a regular outcome, with four interviewees all using the phrase “treading on eggshells”. Siblings of adults with an eating disorder were described by their parents as being excluded from the family due to the ongoing parental focus on the healing of their child. Some participants accessed support groups and social media to connect with other families working through similar challenges.

**Conclusion.** Having an adult family member with an eating disorder impacts the wider social network of the family. This dissertation argues that the socially constructed meanings of ‘care’ and ‘normality’, alongside the social relations with people placed in similar positions, inform the lived experiences of these individuals. This study’s newfound illness narrative of ‘normality’ theorises that some people do not strive to help their relative with an eating disorder because it has already constructed the meaning of their normal life. Future research should aim to recruit a greater variation of participants, including more fathers, children, and siblings. This work endeavours to increase awareness of the support which families need during this time. It therefore opens the opportunity to consider how existing resources and services, both in healthcare and the third-sector, can be improved in the future.

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### Suicide Prevention Intervention for Adults Presenting With Self-Harm in Pakistan: Cost-Effectiveness Analysis

Dr Mohsin Hassan Alvi<sup>1,2</sup>, Ms Tehmina Ashraf<sup>1</sup>,  
Dr Nadeem Gire<sup>3\*</sup>, Prof Nasim Chaudhry<sup>1</sup>  
and Prof Nusrat Husain<sup>2</sup>

<sup>1</sup>Pakistan Institute of Living and Learning, Karachi, Pakistan; <sup>2</sup>The University of Manchester, Manchester, United Kingdom and

<sup>3</sup>University of Bolton, Bolton, United Kingdom

\*Presenting author.

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**Aims.** Suicide is a serious global public health concern. Most suicide related deaths occur in low- and middle-income countries (LMICs) such as Pakistan. Self-harm is a major predictor of death by suicide and has cost implications both in terms of treatment and subsequent suicide. Therefore, culturally relevant interventions that have the potential to reduce self-harm in Pakistan may have major implications for the costs incurred by service provision and productivity losses due to illness or premature death. This trial investigated the clinical and cost effectiveness of the CMAP intervention versus enhanced treatment as usual (E-TAU) to reduce self-harm over 12 months in Pakistan.

**Methods.** Participants were recruited from emergency departments, primary care settings, medical units of participating hospitals and self-referral from community settings in Karachi, Lahore, Rawalpindi, Quetta and Peshawar. Eligible consented participants were assessed at baseline, 3- (end of intervention), 6-, 9- and 12-month post-randomization. Participants in the intervention arm received 6 one-to-one sessions of culturally adapted manual assisted psychological intervention (CMAP) over 3 months. The Client Service Receipt Inventory was used to record health service utilization, both formal and informal. Health related quality of life was measured using the EQ-5D-3L. The Thailand tariff value set (developed by the EuroQol Organization) was used to calculate quality-adjusted life year (QALY) because Thailand was deemed similar to Pakistan. The Incremental Cost Effectiveness Ratio (ICER) was calculated based on between arm differences in estimated cost and Quality Adjusted Life Years (QALYs) gains in the sampled population. Costs were converted to US dollars using the currency exchange rate on February 2024 (US\$1 = PKR276)

**Results.** A total of 901 participants were randomized into either the CMAP arm (n = 440) or E-TAU arm (n = 461). Total QALY gained in the CMAP arm was 0.40 (95% CI: 0.36–0.45) and in the E-TAU arm was 0.33 (95% CI: 0.30–0.38) at 12-month post-randomization. The additional QALY gained due to CMAP intervention is 0.07. The difference in costs per participant between CMAP and TAU arms was US\$59. The ICER for the CMAP versus E-TAU was US\$843 per QALY gain.

**Conclusion.** Results revealed that the CMAP intervention is likely to be cost-effective compared with the E-TAU, given the cost-effectiveness threshold. These findings suggest that implementing culturally relevant self-harm and suicide prevention measures such as CMAP can lead to significant societal cost savings by preventing self-harm and suicides.

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## Longitudinal Trend Evaluation and Prescription Cost Analysis (PCA) of Clozapine in the United Kingdom

Dr Nadeem Gire<sup>1\*</sup>, Dr Atta Asif<sup>2</sup> and Professor Nusrat Husain<sup>3</sup>

<sup>1</sup>University of Bolton, Bolton, United Kingdom; <sup>2</sup>Ethnic Health Forum, Manchester, United Kingdom and <sup>3</sup>University of Manchester, Manchester, United Kingdom

\*Presenting author.

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**Aims.** Severe Mental Illnesses (SMI) are a group of disorders which can have a debilitating impact on an individual's daily life functioning. The National Institute for Health and Care Excellence (NICE) has set out clinical guidelines for the treatment of SMI including the use of Second Generation Antipsychotic (SGA) medication as well as psychological therapies. However, Treatment Resistant Schizophrenia (TRS) affects approximately 34% of patients with schizophrenia. Clozapine, a SGA, has shown superiority in treatment resistant schizophrenia as well as its potential benefits in reducing suicidality and improving functioning.

**Methods.** The following study aimed to examine the longitudinal trends in prescribing clozapine based on the NHS Digital prescription cost analysis (PCA) between 2015–2023.

**Results.** The results show that a number of prescriptions decrease simultaneously from the financial year 2015 (n = 5536) to

2023 (n = 3059). The cost was also found to be reducing until the financial year 2018–19 where there was an increase in costs which reached the maximum (14%) despite the number of prescriptions being lower as compared with 2015–16. In addition, it was found that clozapine prescribing trends have been reducing over time, despite a large proportion of service users with schizophrenia experiencing TRS (34%). Overall, since 2015–2023 a total of n = 34,440 items of clozapine were prescribed costing £1,252,052.27.

**Conclusion.** Considering clozapine's superior efficacy in the treatment of TRS, further research is required to better understand prescribing practices, monitoring compliance of clozapine and treatment adherence. Further qualitative research is needed to better understand the views and perspectives of both service users and prescribers in the clinical use of clozapine. Future research may also look at referrals of clozapine-prescribed patients to psychological services, the impact of clozapine in TRS patients who are offered psychological therapy, and the potential clinical and cost implications of not prescribing clozapine.

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## Stakeholder's Views on the Development of Mobile Application (TechCare) for Patients With First Episode With Psychosis: Qualitative Study

Miss Zaib un Nisa<sup>1</sup>, Dr Nadeem Gire<sup>2\*</sup>,  
Mr Ameer Bukhsh Khoso<sup>1</sup>, Prof Imran B. Cahudhry<sup>3</sup>  
and Prof Nusrat Husain<sup>4</sup>

<sup>1</sup>Pakistan Institute of Living and Learning, Karachi, Pakistan; <sup>2</sup>University of Bolton, Manchester, United Kingdom; <sup>3</sup>Zia ud Din University Hospital, Karachi, Pakistan and <sup>4</sup>University of Manchester, Manchester, United Kingdom

\*Presenting author.

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**Aims.** Psychosis is one of the leading causes of disability. First Episode Psychosis (FEP) significantly impacts the long-term course of the disorder. While a majority of FEP service users show signs of 'recovery' within 12 months of treatment, the early course involves frequent relapses, with up to 80% relapsing within five years. This elevates the risk of persistent psychotic symptoms, affecting cognitive, social, and occupational functioning. Medication, the core treatment, reduces relapse by 75%, necessitating additional psychosocial treatments. Mobile-based interventions are recognized for meeting families' needs in terms of information, guidance, and support. This paper explores stakeholder views on developing mobile interventions for those experiencing their first psychosis episode.

**Methods.** This qualitative paper was part of the TechCare app development process in which face-to-face interviews with patients (17), and 4 focus groups with health professionals were carried out. The qualitative interviews and focus groups explored the views of stakeholders on the need for mobile-based treatment, the structure of the application, the content of the application and barriers and challenges were also explored in detail. All the audio-recorded interviews were transcribed and analyzed through a framework approach.

**Results.** Qualitative analysis revealed three themes. The first theme centers on *stakeholders' views about mobile-based treatment*. Health professionals reported that app-based treatment enhances help-seeking behavior, reduces societal stigma, and aids in managing treatment and activities. The second theme