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Aims. The review explored differences in sources of referrals and utilisation of child and adolescent mental health services (CAMHS) among children and young people (CYP) of black ethnicity compared with other ethnicities. We also explored international differences.

Methods. We searched MEDLINE (through Ovid), PsycINFO, EMBASE, CINAHL, Cochrane Database of Systematic Reviews and Web of Science using a priori defined search terms to identify relevant records. We used the “Population, Exposure, and Outcome” (PEO) framework to define search terms. Pairs of authors assessed papers for inclusion, extracted the data and conducted quality assessment. The systematic review was pre-registered with PROSPERO (CRD42021249619).

Results. We identified 110 studies which all had quantitative design. The results indicate that compared with other ethnic groups, CYP of black ethnicity were less likely to be screened for mental disorders, and more likely to be referred by non-voluntary sources such as social/child welfare services and juvenile justice systems. CYP of black ethnicity were also less likely to utilise all types and levels of mental health services with the exception of school-based services. CYP of black ethnicity were less likely to access psychological intervention or to be prescribed psychotropic medications. Also, CYP of black ethnicity were more likely to experience coercive treatments, and to receive poorer quality of care. These findings were similar across different countries.

Conclusion. CYP of black ethnicity experience significant disadvantages across their care journeys through CAMHS. Addressing the drivers for these disadvantages is crucial for improving access to care for this group.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Quantifying the Core Deficit in Classical Schizophrenia From Three Independent Samples of Psychosis Spectrum Patients

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Aims. In schizophrenia, disorganisation and impoverished mental activity (as described in the classical descriptions by Kraepelin and Bleuler) together with impaired cognitive function, predict persisting functional impairment (Liddle, 2019). We propose that in schizophrenia, four ‘classical’ features (disorganisation, impoverished mental activity, cognitive dysfunction, and impaired role-functioning) arise from a shared pathophysiological process that increases risk of persisting functional impairment. We also

propose that this shared process creates a risk of subsequent episodic reality distortion (delusions and hallucinations). In the current work, we investigate whether a single latent variable accounts for the shared variance in the four ‘classical’ features. We also investigate whether the severity of this latent variable based on assessment of long-standing classical symptoms predicts severity of current reality distortion.

Methods. We performed maximum likelihood factor analysis of disorganisation, impoverishment, cognition and role-function in three separate samples of patients (n = 54, n = 128, n = 64) with DSM diagnosed schizophrenia, schizo-affective disorder or bipolar disorder. In the first two samples, we quantified current disorganisation and impoverished mental activity using the Positive and Negative Syndrome Scale (PANSS). In the third, we scored persistent disorganisation and impoverished mental activity according to Symptoms & Signs of Psychosis Illness (SSPI) based on systematic examination of case records. We assessed cognition using the Digit Symbol Substitution Test (DSST) and role-function using the Social & Occupational functioning scale (in two studies) and the Personal & Social Performance scale (in one study). We quantified current reality distortion by summing SSPI scores for current delusions and hallucinations.

Results. In each of the three studies, a single latent variable accounted for more than 50% of variance. Loadings were similar whether current or persistent symptoms were used. The latent variable derived from persistent symptom scores correlated significantly with current reality distortion.

Conclusion. This series of studies provide further evidence that disorganisation, impoverished mental activity, cognitive impairment and impaired role function share substantial variance, consistent with the proposal that they reflect a core pathophysiological process underlying ‘classical’ schizophrenia. Furthermore, our findings are consistent with the hypothesis that over time, this pathophysiological process increases the risk of episodic reality distortion. However, these were all cross-sectional studies, and need to be confirmed using longitudinal data. Our findings have potential clinical and research implications including development of a custom-made clinical tool to quantify the core deficit as well as investigating targeted interventions employing medication or neuromodulation.

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Exploring the Distinction Between Jinn Possession and Serious Mental Disorders Through the Lens of the Traditional and Faith-Based Healers in Korail Slum

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Aims. The cultural narratives around Jinn Possession are deeply intertwined with the societal understanding of mental health in Bangladesh, often blurring the lines between supernatural beliefs and clinical psychiatric diagnosis. This study aims to delineate the community-based differentiation between Jinn Possession and serious mental disorders such as schizophrenia, bipolar mood disorders and major depressive disorders with psychotic symptoms,

as perceived by traditional and faith-based healers in Korail slum. We attempted to unravel the nuanced approaches the healers use to distinguish spiritual afflictions from psychiatric conditions and to explore potential collaborations between traditional healing practices and biomedical mental health services as a part of TRANSFORM Research.

Methods. Adopting an ethnographic and participatory approach, this study engaged in a comprehensive qualitative exploration involving community engagement meetings, 45 key informant interviews, 8 naturalistic interviews with 56 participants, year-long observations of the community and healing practices, 5 co-designing workshops with 46 participants, and 2 pilot training programmes from 2021 to January 2024. We discussed with the traditional and faith-based healers, community health workers, medicine sellers, person with lived experience and their caregivers. The continuous discussion and observation of the community help us to develop a trusted relation and explore the healing practices in the korail slum. Data collected from interviews and workshops were meticulously transcribed and analysed using NVivo software to uncover underlying patterns and distinctions made by traditional and faith-based healers in diagnosing Jinn Possession versus serious mental disorders.

Results. We found a stepwise diagnostic framework utilized by healers, initially categorising conditions based on the symptom's onset and presentation. Sudden and rapid symptoms onset, especially during specific times of the day, was often attributed to Jinn Possession. Specific symptoms such as sudden onset convulsions, disorganised speech and self-laughing further supported this distinction. Moreover, they used traditional diagnostic tests, including the use of holy water and recitation of the Quran, if the patient improves immediately following these interventions was considered as confirmation of Jinn Possession. We observed a few of the healers refer cases perceived as non-spiritual to biomedical facilities when they confirmed it was not the case of Jinn Possession, indicating a potential for collaborative mental health-care models

Conclusion. This cultural understanding offers a unique perspective on community-based mental health care in Bangladesh, emphasising the importance of integrating traditional and biomedical approaches to foster a more inclusive and culturally sensitive mental health-care ecosystem.

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Acute Cardiac Care for People With Severe Mental Illness Following a Myocardial Infarction Among People With a Severe Mental Illness: A Qualitative Study

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Aims. To understand the challenges and barriers experienced by health-care professionals (HCPs) in providing acute cardiac care to patients with severe mental illness (SMI) (schizophrenia, bipolar disorder or severe depression) admitted to hospital following a myocardial infarction (MI).

Methods. Semi-structured 1:1 videocall interviews with 12 HCPs in two central-Scotland Health Boards involved in delivering

pre-/hospital acute care for a MI (paramedics, cardiology/A&E nurses, cardiology/A&E doctors). Interviewee recruitment was via clinical and research networks and newsletters e.g. the Scottish Ambulance Service, the Royal College of Nursing and Royal College of Physicians and through professional connections. Interviews were audio-recorded, transcribed verbatim and analysed thematically drawing on Braun & Clarke and using NVivo software.

Results. HCPs identified a number of challenges/barriers to providing optimal post-MI acute cardiac care to patients with a SMI across 3 key themes: patient-related; practitioner-related and system/environment-related. Core patient-related challenges/barriers included: diminished patient history capacities especially relating to chronology; the time-consuming nature of effective HCP-patient communication and engagement; medication and intervention concordance concerns and challenging patient behaviour including physical and verbal aggression or severe distress.

Practitioner-related challenges/barriers were: fears of appropriately managing patient behaviour; stigma towards patients with a SMI (putatively arising from knowledge deficits or generational/age-related effects); staff burnout due to length of service and pressures from extreme workloads.

Systemic issues included insufficient staffing precluding the additional time required for effective communication and the distressing nature of hospital environments for patients with a SMI. Side rooms were not routinely available even though these were identified as improving the environment for some patients. A core systemic finding, cited by all interviewees, was the lack of adequate training provision on caring for patients with a SMI. Additional system-level findings were degrees of challenges accessing input from the hospital psychiatric team especially outwith standard hours and problems obtaining rarer psychiatric medications potentially impacting patients' mental health stability.

Positive findings included that HCPs are generally enthusiastic about providing high quality care to this patient group and to seek help with this. Some HCPs indicated that caring for mentally stable patients with a SMI does not differ from the general population.

Conclusion. Although HCPs aspired to providing optimal acute cardiac care for this patient group, patient-level, professional and systemic barriers often make this challenging. A key area for improvement is enhancing staff training in caring for patients with SMI, ideally delivered in-person.

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The Social and Clinical Factors Associated With Mental Health Act (MHA) Use Among Children and Adolescent Inpatients: A Cohort Study Using Electronic Health Records

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