

University of Sharjah, Sharjah, United Arab Emirates

*Corresponding author.

doi: 10.1192/bjo.2023.175

Aims. One of the top causes of death and injury among adolescents and young adults is suicidal behaviour. Indeed, suicide is the second leading cause of death among individuals aged between 15 and 24 years worldwide. Studies on the prevalence of suicide among university students in the UAE are scarce. Importantly, the extent of awareness and experience of suicidality among this group is still unknown. We aimed to ascertain the knowledge and attitudes towards suicidal warning signs and symptoms amongst university students in the UAE.

Methods. An online self-administered questionnaire platform was used to collect data from UAE university students in a quantitative cross-sectional study. In addition to demographics, experience regarding suicidal thoughts and behaviours, efficacy expectations, and outcome expectations and values were evaluated. Data were analysed using SPSS, setting a p-value of <0.05 as statistically significant.

Results. A total of 392 participants completed the questionnaire, 233 (59.4%) were males and 159 (40.6%) were females. Based on the knowledge scale, only 35.3% of total participants were identified as knowledgeable of the warning signs of suicide. Expectedly, out of the knowledgeable group, a vast majority of 83.3% were medical students. When they were asked about what they would do if a friend told them that they are thinking about ending their life, many of the students chose to talk to their friends without getting anyone else's help. There was no statistically significant correlation between being educated regarding suicide and being knowledgeable of suicidal signs and symptoms ($P = 0.1$). Surprisingly, the degree course students enrolled in was not found to play a significant role in their level of confidence regarding suicidal signs and symptoms.

Conclusion. To our knowledge this is the first study to investigate awareness and attitudes about suicidal thoughts and behaviours among university students in the UAE. Knowledge regarding suicidal signs and symptoms among university students in the UAE is notably low. According to the results, self-reported education did not play a major role in appropriately managing suicidal signs and symptoms. The nature of the education provided to students needs to be further investigated to explore the gaps in the knowledge provided.

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.

Exploring the Relationship Between the Menstrual Cycle and Women's Mental Health in a Female Inpatient Ward

Dr Henry Allberry*, Dr Lydia Jones, Dr Claire Wilson, Ms Patrice Boyce and Dr Simone Ciufolini

Institute of Psychiatry, Psychology and Neuroscience, King's College London and South London and Maudsley NHS Foundation Trust, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.176

Aims. To explore the relationship between the menstrual cycle and mental health-related symptoms in women admitted as psychiatric inpatients. To explore the acceptability and feasibility of enquiry. Background: Despite the increasing global burden of mental disorder among women* of reproductive age, there has

been little focus in research or clinical practice on the role of reproductive hormones in the pathogenesis, maintenance and treatment of mental disorder in women. Yet a significant proportion of women are vulnerable to fluctuations in sex hormones (for example in the premenstrual or perimenopausal periods).

Methods.

- 21 patients were asked a series of questions about their menstrual cycle by ward doctors, during their inpatient admission. Descriptive statistics were generated. Data from free text questions were analysed using thematic analysis.
- A focus group was facilitated by the ward occupational therapist on 1st November 2021, involving seven patients.

Results. The project ran between November 2021 and February 2022. Mean age of respondents was 38 years and 57% ($n = 12$) were of Black ethnicity. 76% ($n = 16$) reported having a period in the last 12 months. Of these, 10 women felt their mental health changed throughout the month in relation to their menstrual cycle. Themes elicited from free text questions related to symptoms experienced during the pre-menstrual phase and included increased suicidality, anger, low mood and unusual experiences. Of the seven women who had not had a period in the last 12 months, over half ($n = 4$) reported menopausal symptoms. During the focus group those women who had gone through the menopause noted they had limited knowledge about it and how it may affect their mental health.

With regards to feasibility of enquiry, the focus group indicated that women would like to discuss their menstrual cycle, how it can affect their mood and additional support available. However, they would prefer this took place in a one-to-one setting outside of ward round, ideally with a female doctor.

Conclusion. A number of female psychiatric inpatients likely experience an increase in mental health-related symptoms pre-menstrually. Enquiry about menstruation is likely to be feasible in the inpatient setting, given it is done sensitively. Such enquiry could provide opportunities to discuss areas of concern to the patient and discuss specific issues such as menopause and pre-menstrual dysphoric disorder. It could also provide data for future research and guide the development of clinical practices that recognise the relationship between the menstrual cycle and women's mental health.

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.

An Analysis of Factors Associated With Readmission Within Ninety Days From a Community Mental Health Rehabilitation Team

Dr Ursula White, Dr Anna Baginski* and Dr K Bashir

Barnet, Enfield and Haringey Mental Health Trust, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.177

Aims. Frequent readmissions present a challenge to both community and inpatient mental health services and are frequently used as a quality indicator. Service users who are readmitted also tend to have a poorer prognosis and can be characterised as 'revolving door' patients. Determining modifiable factors that affect rates of readmission may allow mental health services to target interventions such as to improve outcomes and service users' experiences

Methods. The caseload of an inner-city NHS community rehabilitation team was examined for psychiatric admissions

over the period from January 2022 to January 2023. This was divided into an admission group and a readmission group. Readmission was defined as service users who were admitted within ninety days of the index admission. A variety of factors related to the index admission and subsequent discharge were examined and compared between the two groups to identify factors associated with readmission.

Results. The community rehabilitation team caseload comprised of 122 care-coordinated service users. The readmission rate to an inpatient psychiatric ward between 1st January 2022 and 1st January 2023 was 37.5%. Factors that appeared to be protective against readmission were positive engagement with therapies during the index admission, such as dual diagnosis team, psychology, and occupational therapy. Additionally, service users who were discharged on a Community Treatment Order had significantly reduced rates of readmission. A shorter index admission was also associated with reduced rates of readmission. Involvement of the Home Treatment Team and medication changes in the week prior to discharge were not associated with reduced rates of readmission.

Conclusion. The results of this study suggest that the provision of therapies by allied healthcare professionals should be prioritised in inpatient settings. Service users should be strongly encouraged to engage, and poor engagement may be considered an indication that the service user is not yet ready for discharge. Community Treatment Orders, where appropriate, should be considered to be protective against readmission. Longer inpatient stays may be associated with readmission since these service users are more likely to be severely unwell. Nevertheless, service users who require longer admissions are at high risk for readmission and interventions should be considered to mitigate this risk.

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.

Sex Differences, and Resulting Treatment Differences, in a Cohort of Harmful Gamblers

Dr Rosalind Baker-Frampton*

Gordon Moody, Dudley, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.178

Aims. Gordon Moody offers Tier 4 treatment for harmful gambling. This poster will look at the differences between male and female harmful gamblers who apply for treatment with Gordon Moody between 2015 and 2022, and consider how treatment should reflect these differences.

Methods. An opportunity sample ($n = 3,241$) are analysed and discussed. Data are anonymised and men and women will be compared for: mental health diagnosis; years spent gambling; methods of gambling; average monthly amount spent gambling; and job/relationship loss due to gambling. Statistical tests are run to ascertain whether any differences are significant.

Results. Initial analysis found that on average females applying for treatment ($n = 769$) start gambling at 25.2 years old, and began gambling in a problematic way at 31.8 years old. In contrast, men ($n = 2,472$) began gambling on average at 17.5 years old, and began gambling in a harmful way at 22.7 years old. Younger women were more likely to gamble online (i.e. online casinos; online games), whilst older women preferred gaming machines in bingo halls, bookmakers, casinos or adult entertainment centres. Men were most likely to gamble at bookmakers, which does not differ with age. On average, men

estimated that they spend nearly £2,000 a month before applying for treatment (£1,980), whilst women estimated that they spend 15% less (£1,680). 14.8% of women and 58.5% of men had lost a job due to harmful gambling. 49.2% of women and 69.1% of men had lost relationships due to harmful gambling. These data will be further analysed in SPSS to ascertain any significant differences.

Conclusion. Men and women tend to gamble in different ways, and therefore treatment may need to be tailored for each sex. The poster will discuss differences implemented by Gordon Moody to account for sex differences. Whilst women tend to begin gambling at an older age, it still takes a similar length of time for at-risk people to develop harmful gambling practices. Women are less likely to lose jobs and/or relationships due to harmful gambling practices before they seek treatment. Key limitations of the study include the opportunistic nature of the sample, the different sample sizes, and the fact that there are insufficient applicants who identify as transgender/non-binary/other to include in analysis.

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.

Alcohol Use and Associated Risk Factors Among Female Sex Workers in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis

Dr Alicja Beksinska*, Ms Oda Karlsen, Dr Mitzy Gafos and Dr Tara Beattie

Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.179

Aims. Due to its widespread use in the sex work industry, female sex workers (FSWs) in low- and middle-income countries (LMICs) are at high risk of harmful alcohol use and associated adverse health outcomes. This systematic review and meta-analysis aims to provide an estimate of the prevalence of harmful alcohol use among FSWs in LMICs and to examine associations with common health and social concerns.

Methods. The review protocol was registered with PROSPERO, number CRD42021237438. We searched three electronic databases for peer-reviewed, quantitative studies from inception to 24th February 2021.

Inclusion criteria:

- Any measure of prevalence or incidence of alcohol use among FSWs aged 18 years or older.
- Countries defined as LMIC in accordance with the World Bank income groups 2019.
- Study designs: cross-sectional survey, case-control study, cohort study, case series analysis, or experimental study with baseline measures for alcohol use.

Pooled prevalence estimates were calculated for:

1. Any hazardous/harmful/dependent alcohol use
2. Harmful/dependent alcohol use only, both overall and by region
3. Daily alcohol use.
4. Meta-analyses examined associations between harmful alcohol use and violence, condom use, HIV/STIs, mental health problems and other drug use.