

A systematic review of the prevalence of mental disorders, cognitive impairment and dementia amongst older adults populace in Egypt

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Aims. This study aims to review current evidence of the prevalence of mental disorders amongst the elderly populace in Egypt. This will be achieved by estimating the current prevalence and then identifying any sociodemographic correlates with mental disorders.

Background. Mental disorders are the leading cause of disabilities amongst the older adult populace worldwide. The population of the older adult in Egypt is fast growing. According to the Egypt, latest national census in 2014, the population of individuals aged 60 years and above is 6.9% and this is expected to nearly double by the year 2031, with a projection of 11.5% forecasted. In fact, it has been estimated that cost per person of mental health diseases such as dementia in low-income countries is approximately £686 (\$868) and £2456 (\$3109) in lower-middle income countries like Egypt.

Method. Electronic search of five key databases (MEDLINE, PsychINFO, EMBASE, AMED and PubMed) was carried from their date of inception. In addition, reference list scanning, key journal searching, citation searching and relevant internet resources were conducted. Papers were included, if they were published in English, point prevalence studies carried out on older adults Egyptians aged 60 years and above. In addition, mental disorders, cognitive impairment or dementia had to be ascertained using any validated diagnostic tools. Studies which did not meet any of the criteria detailed above were excluded.

Result. 16 studies were included in this review. Four main mental disorders were identified, these are: depression, anxiety, cognitive impairment and dementia. Reported prevalence of Depression, anxiety, dementia and cognitive impairment are 23.7-74.5%, 14.2-72%, 3.66-39.2%, and 1.74 to 51.4% respectively. Anxiety and depression was positively correlated with female gender, increasing age and lower educational status. Also, cognitive impairment and dementia was positively correlated with age, illiteracy or low education. However, there appears to be inconsistencies in the diagnostic tools used.

Conclusion. This research brings to the forefront the scale of mental disorders amongst the elderly in Egypt. This may help ensure evidence-based initiatives are put in place and also priority is given to resource allocation for geriatric mental disorders in Egypt.

The use of coproduction to inform an evidence-based service delivery model for mental health service users with complex needs

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Aims. Co-production recognises that people who use social care services (and their families) and third sector organisations within community settings have knowledge and experience that can be used to help make services better for services users and those who care for them. This study shares the coproduction that took place in the design of a mixed methods study that aims to understand: the profile and history of service users currently defined as having complex needs; the decision-making processes by clinicians that lead to these individuals entering this complex group; service users and carers experience of service use; and, the associated costs. This study involves a comprehensive evaluation that aims to inform an evidence-based service delivery model for mental health service users with complex needs.

Method. A study stakeholder group, including clinicians, academics, service users, housing associations, health economists, and statisticians was formed from the outset to inform the mixed methods design, combining quantitative (in-depth analysis of patient records and economic evaluation) and qualitative (written medical notes and in-depth interviews with service users, carers, and clinicians) methods. The study included five components: (1) a quantitative description and analysis of the demographic clinical characteristics of the patient group; (2) an economic evaluation of direct medical costs, direct non-medical costs, and indirect costs for each patient; (3) semi-structured interviews about patients and carers experiences; (4) data from components 1-3 was used to co-produce vignettes jointly with the stakeholders group; and, (5) semi-structured interviews about clinical decision-making by clinicians in relation to this patient group by using the vignettes as example case studies.

Result. Coproduction took place at each stage of the study, including the design, development of data collection tools, data analysis and formation of the vignettes required for stage five. The results demonstrated how co-production and multiagency working have been evident throughout the process of designing the study, the continuous engagement throughout the analysis, dissemination and implementation of the findings.

Conclusion. The findings support the application of the core principles of co-production in the design, set-up and implementation of research within an NHS Trust as demonstrable by the acceptability and collaborative working within the study. The study's key outcomes were to: examine the resource use and cost impact associated with alternative care pathways to the NHS and other sectors of the economy (including social care); explore patient health and non-health outcomes associated with alternative care pathways; and, gain an understanding of a complex service user group and how decisions are made in their treatment to inform how services are delivered in the future and made more person-centred and consistent.

Substance use determinants in Jamaican under-25s: family, peers, spirituality and maltreatment (literature review)

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Aims. Jamaica is undergoing rapid change in its attitudes and laws regarding substance use; understanding the reasons why under-25s use substances will help inform future interventions and policy decisions. This review will investigate the determinants of substance use in under-25s in Jamaica, aiming to identify key