

Method. This cross-sectional survey was conducted using Google Form then subsequent telephone interview between June and August 2020. Using random sampling, a total of 479 health care professionals participated in the study. We collected data on demographics. Anxiety and depression were measured using 4 items Patient Health Questionnaire-4 (PHQ-4), PTSD was measured using 4 items Primary Care (PC)-PTSD-Screen, and insomnia was measured by using a 7-item Insomnia Severity Index (ISI). A multivariable logistic regression analysis was performed to assess risk factors associated with mental health symptoms.

Result. Overall, 17.6% of frontline health workers had symptoms of anxiety, 15.5% had depression symptoms, 7.6% had PTSD symptoms and 5.9% had symptoms of insomnia. Compared to allied health professionals ($n = 113$, 24%), doctors ($n = 366$, 76%) had significantly higher prevalence of anxiety: 21.1% vs 06%, (OR = 4.19; 95% CI = 1.88–9.35; p -value <0.001); depression: 18% vs 6.8%, (OR = 2.99; 95% CI = 1.40–6.42; p -value 0.005); PTSD: 9.4% vs 1.7%, (OR = 5.96; 95% CI = 1.41–25.11; p -value 0.015) and insomnia: 7.4% vs 0.9%, (OR = 9.22; 95% CI = 1.24–68.4; p -value 0.03). Logistic regression analysis showed that pre-existing medical illness has significantly more risks of developing symptoms of anxiety (adjusted OR = 2.85; 95% CI = 1.71–4.76; p -value <0.001) and depression (OR = 2.29; 95% CI = 1.39–3.77; p -value 0.001). Having a postgraduate degree (adjusted OR = 6.13; 95% CI = 1.28–29.28; p -value 0.023) and working in secondary care setting (adjusted OR = 3.08; 95% CI = 1.18–8.02; p value 0.021) have significant predictors of developing anxiety symptoms among health workers. Those who had worked more than 6 weeks in COVID-19 dedicated hospitals had risk of developing symptoms of PTSD (OR = 2.83; 95% CI = 1.35–5.93; p value 0.006) and insomnia (OR = 2.63; 95% CI = 1.15–6.02; p value 0.022).

Conclusion. Our study demonstrated a high prevalence of symptoms of depression, anxiety, PTSD, and insomnia among Bangladeshi frontline health workers (particularly among doctors) during the COVID-19 pandemic. There is an urgent need to address the mental health needs of frontline health workers.

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Attitudes and decision-making processes of Midwakh smoking among adult males in UAE

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Aims. Midwakh, which involves smoking an Arabian tobacco blend typically mixed with herbs and spices, has recently become a major health concern due to a spreading popularity among adolescents and young adults in the United Arab Emirates (UAE). It is known to contain a higher nicotine content than cigarettes, potentially increasing the risk of addiction, despite contrary popular belief among young smokers. Yet, little is known about attitudes and decision-making processes involving this emerging smoking behaviour. The aim of this study was to ascertain the knowledge, attitudes and practices of Midwakh use among adult males in the UAE.

Method. A cross sectional study was conducted among male adults in Abu Dhabi, Dubai and Sharjah. A total of 500 participants completed self-administered validated questionnaires, which consisted of 30 questions that targeted the public's understanding, perception

and use of Midwakh. Data were analysed using SPSS 23. Percentages and means were calculated for demographic data and Chi-Square was utilised to measure relations between categorical variables. Odds Ratio (OR) was used to estimate how strongly a predictor was associated to an outcome. A p -value less than 0.05 was considered statistically significant.

Result. The prevalence of smoking Midwakh was 34.8% among the study sample. Males between ages 26 to 35 were found to be 4.48 times (95% CI: 1.59–12.66) more likely to be current Midwakh smokers than any other age groups ($P = 0.01$). Emiratis in the study were 5.92 times (95% CI: 2.83–12.35) more likely to smoke Midwakh than expats. 65% of respondents reported willingness to smoke Midwakh if it was offered to them. Adults with 3-4 close friends who smoke Midwakh were 6.8 times (95% CI: 2.08–22.41) more likely to smoke Midwakh themselves. Knowledge of being unsafe was cited in 62% of the participants as a cause of quitting Midwakh within two years.

Conclusion. Our results demonstrate a significant impact of peer pressure on the decision-making process of Midwakh smoking. The high prevalence among young male residents warrants a multi-agency public health approach to tackle the issue. Culturally sensitive campaigns raising awareness to the harmful effect of Midwakh including its addictiveness appear to be essential. Further research investigating the effects of a targeted Midwakh-smoking cessation approaches is warranted.

Impact of community treatment orders on inpatient bed usage in assertive outreach team

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Aims. To examine the impact of using Community Treatment Orders (CTO) of the Mental Health Act on use of inpatient care in Assertive Outreach team.

Background. Currently there is little evidence of the efficacy of community treatment orders (CTOs), and in particular with patients who use the Assertive Outreach service. One large randomised controlled study found no impact on use of inpatient care while a naturalistic study found significant impact.

Method. Our primary outcome was the number of admissions with and without a CTO comparing each patient with themselves before CTO and under CTO ("mirror-image"). Our secondary outcomes were the number of bed days, and the percentage of missed community visits post-discharge. We also looked at the potential cost savings of a reduction in inpatient bed usage.

Result. All the 63 patients studied over period of 6 years had a severe and enduring mental illness. The use of a CTO was linked to a significant reduction in the number of admissions (mean difference = 0.89, 95% CI = 0.53–1.25, $P < 0.0001$) and bed days (mean difference = 158.65, 95% CI = 102.21–215.09, $P < 0.0001$) There was no significant difference in the percentage of missed community visits post-discharge. Looking at the costs, an average cost for an inpatient Assertive Outreach bed per day in the local Trust was £250, and there were 8145 bed days saved in total, making a potential saving of just over £2million, during the study period.

Conclusion. This study suggests that the implementation of CTOs using clinical judgment and knowledge of patients can significantly reduce the bed usage of Assertive Outreach patients. The financial implications of CTOs need to be reviewed further,

but this study does suggest that the implementation of CTOs is a cost-effective intervention and is economically advantageous to the local Trust.

Preconception interventions and resources for women with serious mental illness: a rapid evidence review

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Aims. There is little research into evidence-based preconception interventions for women with serious mental illness (SMI). Women with SMI will have specific needs around preconception due to the complexities of the teratogenicity of medications, risk of mental illness relapse and higher levels of stigma around motherhood. If effectively delivered preconception care could mitigate these difficulties and improve outcomes for mother and baby. The aim of this research was therefore to determine to identify and describe studies evaluating preconception interventions for women of child-bearing age who have an existing SMI through searches of the peer-reviewed literature.

Method. A rapid review was conducted to search MEDLINE and PsychINFO databases from the year 2000 onwards for peer-reviewed articles describing preconception interventions/resources delivered prior to a pregnancy to women of child-bearing age with a pre-existing existing serious mental illness (including schizophrenia, bipolar and eating disorders).

Result. A total of 592 results were returned from the searches and 576 of these remained after the removal of duplicates. 11 studies were included in the final narrative synthesis describing the following intervention types: Health warning (1), Health screening (1), Teratogen phone service (2), Psychiatric consultation (5), Family planning information (1) and Peripartum management plan (1). Interventions were delivered in Australia, UK, Italy, Germany, Netherlands, USA and Nigeria.

Conclusion. Though the included studies indicated that some efforts have been made globally to meet the preconception needs of women with SMI the numbers included in the studies tended to be low and reflective of small-scale service provision. Future studies utilising a randomised controlled trial design would lower the risk of bias and provide more generalisable evidence of effectiveness for these interventions. The results of this review were used to inform the development of a number of resources to aid the planning of healthy pregnancies in both women with SMI and the health professionals working with them.

Relationship between bullying victimisation and post-traumatic stress disorder among public junior secondary school students in Abeokuta, Nigeria

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Aims. To determine the relationship between bullying victimization and PTSD among students attending public Junior Secondary Schools in Abeokuta. The Prevalence of Bullying victimization and PTSD as well as some socio-demographic correlates were also assessed.

Method. About 411 junior students from five randomly selected public secondary schools were approached for the study and given consent forms to take home to their parents/guardians. Those who subsequently returned signed consent forms and who gave assent to participate in the study were administered the Socio-demographic questionnaire and the Multidimensional Peer Victimization Scale (MDPVS). They were thereafter interviewed with the PTSD module of the MINI KID.

Result. A total of 351 students completed the study to yield a response rate of 85.4%. The age range of the respondents was 9–17 years with mean (SD) of 12.48 (1.50) years. The gender distribution was 49.3% males and 50.7% females. 68.7% of the respondents were from a monogamous home, 22.2% had divorced parents, 74.3% lived with both parents, and 6% reported being an only child. 14.8% of the respondents reported having experienced higher levels (moderate & high) of victimization by peers. The mean score of the overall bullying victimization level was 9.6 (± 6.5). Verbal victimization subscale had the highest mean score of 3.2 (± 2.0), while physical victimization had the lowest mean of 1.9 (± 2.1). Seventy (19.9%) students admitted to the experience of a significant traumatic event, with only 7.1% of these meeting the current diagnosis of PTSD in the past month. There was no statistically significant association between bullying victimization and PTSD ($\chi^2 = 2.666$; $df = 2$; $p = 0.261$). Traumatic event experience was however significantly associated with high levels of bullying victimization experience ($\chi^2 = 4.266$; $p = 0.039$). None of the assessed socio-demographic, familial or self-perceptual factors was found to be significantly associated with either bullying victimization or PTSD.

Conclusion. The experience of bullying victimization among secondary school students remains a prevailing problem in our local setting, as it is across the globe. Verbal bullying is the most common while physical bullying is the least common peer victimization experience in this study. The study points out that PTSD among high school students in our environment may be more prevalent than had previously been reported. Given the high rates of peer victimization experiences reported by students, there is a need for policy changes to make the school environment safer for students, thereby promoting their mental health.

The relationships between Big Five Personality dimensions, harmful psychoactive substance use and academic motivation among undergraduates in Nigeria

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Aims. The aim of this study was to determine the relationships between personality traits, stress perception, academic motivation and harmful use (use related harmful consequences) of alcohol, tobacco and cannabis among undergraduates in Southwestern Nigeria.