

## Gambling Venues and Their Association With Incidence of Help-Seeking Gambling Disorder

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**Aims:** The NHS Southern Gambling Service (SGS) opened in 2022, and provides evidence-based assessment and treatment for people affected by gambling disorder across the South East of England. It is known that gambling venues are often placed in highly deprived areas, where populations vulnerable to gambling disorder reside. Little is known about whether geographical presence of gambling venues is linked to higher rates of referrals for gambling disorder to clinical services. The aims were to draw insights on the association between the incidence of referrals at the SGS and number of registered gambling venues across the geographical footprint of the regional service, while we adjust for indices of multiple deprivation.

**Methods:** Service level data for referrals per Low-Tier Local Authority (LTLA) level were merged with open access national datasets for indices of multiple deprivation (Office for National Statistics 2021) and number of gambling venues in each area (Gambling Commission 2024). Linear regression analyses were performed in-sample to identify the strength of the associations between the number of referrals and number of registered venues, adjusted for indices of multiple deprivation (IMD). This service evaluation was pre-registered with the Hampshire and Isle of Wight Healthcare NHS Foundation Trust Clinical Effectiveness team. All data analysis was conducted in R version 4.4.2.

**Results:** A total of 668 participants were referred to the SGS from September 2022 to end of November 2024. The correlation between venues and referral incidence was strong (Pearson's  $r=0.58$ ,  $p<0.001$ ). Number of venues per LTLA were statistically associated with incidence of referrals to the SGS ( $t=3.9$ ,  $p<0.001$ ) including after adjusting for IMD indices. The model which included only the number of venues as a predictor explained 33.3% of the variance in incidence rate ( $R^2=0.3325$ ,  $p<0.001$ ).

**Conclusion:** Number of gambling venues was strongly associated with incidence of referrals to the SGS. This association remained strong even after adjusting for indices of multiple deprivation. These insights can help the SGS in the strategic planning of development and utilization of its future resources, and highlight the need to examine sources of referrals nationally and links to contextual factors such as presence of gambling venues. Further work is warranted to define the optimal granularity for dissecting the geospatial links between the location of gambling venues and referrals to NHS Gambling Treatment Services, to further establish the stability and generalizability of these findings, as well as to explore a broader range of implicated bio-socio-economic factors.

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.

## A Service Evaluation of Eating Disorders Training for Psychiatry Trainees in Wales

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**Aims:** Concerns about the inadequacies in eating disorders (EDs) training are widely acknowledged. Through this comprehensive project, we aim to delve deeper in identifying knowledge and training gaps regarding EDs in Wales. The specific aims are: to ascertain gaps in understanding of EDs amongst psychiatry trainees in Wales, and to evaluate the current teaching and training offered to them.

**Methods:** Between 7 and 14 October 2024, two cross-sectional, Microsoft web surveys were distributed among core trainees' year 3 (CT3s) and higher trainees (HTs) in psychiatry across Wales. Participation was voluntary and anonymised. Surveys included seven Likert-scale questions and one free-text question. Postgraduate teaching and training on EDs between August 2023 and August 2024 by Health Education and Improvement Wales (HEIW) and the six university health boards (UHBs) offering psychiatry training were also surveyed.

**Results:** A total of 28 HTs and 13 CT3s completed the surveys. Over 60% of trainees reported low confidence (rated 5 and below) in describing various EDs, their prevalence, and risk profiles. Only 50% of HTs felt confident (rated 6–10) diagnosing EDs compared with 69% of CT3s. Additionally, only 57% of HTs felt confident in communicating with people with EDs and assessing their needs, compared with 77% of CT3s. Furthermore, 75% of HTs felt unsure about the stages and types of EDs management compared with 54% of core trainees. On the other hand, 85% of CT3s and 68% of HTs felt confident in describing medical emergencies in EDs.

Above 80% of trainees expressed dissatisfaction with education and training provided. No ED-related postgraduate teachings or specific placements were offered across most UHBs during the review year. Exposure to ED patients was primarily through Child and Adolescent Mental Health Services placements, with limited opportunities based on trainees' interest. HEIW offered one teaching session on EDs to each CT1 and CT2/3 cohorts; however, the CT1 session was cancelled. Since 2023, HEIW has been funding the Royal College of Psychiatrists' ED credential for interested HTs in Wales. **Conclusion:** The noticeable gaps in trainees' understanding and training in EDs highlight the urgent need for improved educational and training programs. To effectively address these gaps, gaining insight into trainees' perspectives and working collaboratively with trainers can lead to the development of more effective training strategies.

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## Clinical Management of Obsessive-Compulsive Disorder in Children and Young People: Evaluating Current Practices in Al Ain, United Arab Emirates

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