COVID-19 to 8.6% during COVID-19 (p<0.001). The most significant differences were recorded for acute behavioural disturbance, with an increase from 3.2% to 6.6% (p<0.001), anxiety, with an increase from 37.4% to 39.3% (p<0.001), and intentional drug overdose, with a decrease from 20.0% to 17.2% (p<0.001). The main predictors of mental health presentations stayed the same before and during COVID-19 and these were people aged 20 to 30 years (compared with older age groups), females (compared with males), of White (compared with minority) ethnicity, from highly deprived (compared with affluent) areas, and from urban (compared with rural) areas.

Conclusions COVID-19 affected the frequency and profile of ambulance attendances for mental health presentations. Given the higher incidence of mental health presentations following COVID-19, additional support needs to be considered during pandemics including increased access to primary and community mental health services. Further research should be conducted in other regions of the UK, to observe if the findings are similar.

PP65 ABSTRACT WITHDRAWN

PP66 ETHNIC DIFFERENCES IN INJURY MORTALITY RATES AMONG ADULT EMERGENCY HEALTHCARE SERVICE USERS IN DEVELOPED COUNTRIES – A SCOPING REVIEW

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Background The increasing burden of injury is further exacerbated by the presence of ethnic disparities in emergency healthcare settings. This review aimed to describe the published literature reporting comparative mortality by ethnicity of adults presenting with injury to emergency healthcare in developed countries.

Methods Five electronic databases (CINAHL, MEDLINE, Cochrane, Scopus and PsycINFO) were searched for peer-reviewed papers published from January 2010 to May 2022. Studies reporting adult mortality compared by race and or ethnicity conducted in emergency healthcare settings (pre-hospital and or ambulance setting, trauma centre and hospital emergency department) in developed countries were included in this review.

Results 1172 articles were retrieved from database searches and after removing 234 duplicates, 938 unique articles were screened for eligibility and finally 31 articles were included in the review.

The most common type of injury presentations reported were blunt or nonpenetrating injuries followed by penetrating injuries and other non-specified injuries. Furthermore, three papers reported that people belonging to ethnic majority backgrounds experienced blunt or nonpenetrating trauma more than others (p<0.001).

Increased risk of mortality among people from ethnic minority backgrounds was observed in 80.6% (n=25) of the included papers. The adjusted risk of mortality following an injury in people belonging to ethnic minority backgrounds ranged from odds ratio (OR): 1.05; 95% Confidence Interval (CI): 0.84 - 1.31 to OR: 1.58; 95% CI: 1.28 –1.97.

Conclusions To our knowledge, this review provides the first insight into the mortality disparities faced by adults from ethnic minority backgrounds in developed nations, when they use emergency healthcare services for injuries. The data suggest that people from ethnic minorities have different patterns of injury and a higher risk of death. Further research is required to explain these differences and identify potential solutions.

PP67 CAN WE EMPOWER FAMILIES OF CARE HOME RESIDENTS TO DISCUSS POTENTIAL DETERIORATIONS AND END-OF-LIFE?

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Background Approximately 70% of people living in care homes have some form of cognitive impairment. As a result, families are often involved in discussions and decisions about appropriate care and treatment as the person's health deteriorates. Failure to have these conversations can lead to uncertainty and potential distress at the time of deterioration. This paper will explore ways to empower families to think ahead and prepare for changes in their relative's health.

Methods Data were collected as part of two studies. Semi-structured interviews were carried out with 25 current and bereaved family members and 38 members of care home staff. In both studies, analysis occurred concurrently with data collection in line with the constructivist approach to grounded theory.

Results Family involvement in decisions about potential deteriorations and end-of-life varied but families could potentially hold a powerful position in decision-making. A minority of families had discussed what their relative would want to happen when their health deteriorated. In the care home, although staff valued advance care planning and some families reported having discussion about future deterioration with care home staff, the majority of families felt they had not had adequate opportunity to prepare for change. This was often reported even when written plans had been completed. Staff and families acknowledged the daunting and potentially distressing nature of conversations about potential deterioration and identified a range of topics for which greater education might empower families to be more informed and involved in discussions.

Conclusion Our results suggest that even when written care plans exist, families may still not feel prepared to be actively involved in discussions and decisions regarding deterioration in their relative's health. Two potential ways to empower families to prepare for change could be providing educational sessions to families and increasing staff confidence in discussing potential deterioration and end-of-life.

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