Conference Booklet

General Information

Accreditation
This conference is eligible for 1 point per hour of educational activity, subject to peer group approval.

Certificates
Certificates of attendance will be emailed to delegates after the conference.

Feedback
Detailed online feedback form can be found by here:
Thursday 7 April

All comments received remain confidential and are viewed in an effort to improve future meetings.

Social Media
If you wish to tweet about the conference use @rcpsychTrainees #AcadTraineesConf22

Posters
Poster viewing is available throughout the conference via the poster page.

Conference Resources
Please see the following link to access the conference resources webpage.

Presentation abstracts and biographies
(Listed by programme order)
Abstracts and biographies not included here were not available at the time of going to print.

Welcome
Dr Oli Sparasci

Dr Oli Sparasci is an ST4 in Old Age Psychiatry, Pennine Care NHS Foundation Trust.

Plenary 1
Chair: Dr Oli Sparasci

What your faculty is doing to support trainees
Professor Vivienne Curtis

Professor Vivienne Curtis is a Consultant Psychiatrist and Academic Training Lead for Health Education England, as well as the head of the School of Psychiatry.

Panel discussion: Help! I don't fit neatly into the training system
Dr Victoria Wing, University of Newcastle, Dr Nicholas Donnelly, University of Bristol

Not all trainees fit neatly into the academic foundation, ACF and ACL mould. For these trainees it can be really hard to work out how to slot in and how best to advance their academic careers alongside their clinical training. Two such trainees, who both had PhDs when they graduated, have kindly agreed to talk about their experiences and what they have learned along the way that may be relevant for other trainees who don't quite fit the mould.

Dr Victoria Wing completed a BSc (Hons) in Pharmacology at Newcastle University, UK. She remained in Newcastle upon Tyne to complete a pre-clinical PhD in Psychopharmacology, focusing on the neurobiology of addiction and endocannabinoid system. Dr Wing then spent 4 years in Canada at the Centre for Addiction and Mental Health and University of Toronto as a postdoctoral fellow and later a Project Scientist. Here she moved into clinical research with the aim of translating basic science findings into novel psychiatric treatment options. Much of the research was examining the co-morbidity between addictive disorders such as cigarette smoking and severe mental illnesses such as schizophrenia and bipolar disorder. This work combined clinical trials, human laboratory studies, neuropsychological testing, brain stimulation techniques and PET neuroimaging. Dr Wing found her passions lie in clinical research and psychiatry and thus returned to the UK and entered graduate entry medicine at Imperial College, London. Here she continued to be involved in research, primarily working on fMRI studies of drug and alcohol addiction within the Neuropsychopharmacology Unit, supervised by Professor Anne Lingford-Hughes. Dr Wing secured an Academic Foundation Program (AFP) post to remain in North West London and worked in the Reproductive Endocrinology Department led by Professor Waljit Dhillo. She primarily contributed to studies examining the role of neuropeptides on brain reward systems using fMRI and MRS neuroimaging alongside psychometric testing. Dr Wing returned to Newcastle upon Tyne to enter Psychiatry Core Training and obtained an Academic Clinical Fellowship (ACF) in general adult psychiatry. She works within the Northern Centre for Mood Disorders and is supervised by Dr Hamish McAllister-Williams. She is currently 6 months into CT1 having recently returned from maternity leave and is currently working on developing research ideas for her ACF which she can develop into intermediate-level fellowship applications.

Dr Nicholas Donnelly is an Academic Clinical Fellow in Psychiatry at the University of Bristol and a General Adult Psychiatry Advanced Trainee in the Severn Deanery. He completed his undergraduate training on University of Cambridge MB/PhD Program,

studying the neurobiology of visual attention and impulsivity in his PhD. He then moved to the Severn Deanery where he completed Academic Foundation Program and then Core Psychiatry Training as an ACF. His research interest is in understanding the development of psychopathology, using epidemiological methods and EEG.

Plenary 2
Chair: Dr Oli Sparasci

Mental Health Research
Ms Dévora Kestel, World Health Organisation

Dévora Kestel is a senior mental health policy specialist with more than twenty five years of international experience in Europe, the Caribbean and Latin America, implementing and advising governments on national policies related to mental health systems. She is a strong advocate for the rights of people with mental health issues. Ms Kestel obtained her MSc in Psychology from the Universidad Nacional de La Plata, in Argentina and her MSc in Public Health at the London School of Hygiene and Tropical Medicine, UK. After completing her university studies in Argentina she worked for 10 years in the development and supervision of community-based mental health services in Trieste, Italy. In 2000 she joined the World Health Organization (WHO) as a mental health officer first in Kosovo and then in Albania where she became the WHO Representative to Albania. In both countries, she worked closely with the Ministries of Health to help establish comprehensive community-based mental health systems. In 2007 Ms Kestel joined the Pan American Health Organization (PAHO/WHO) as the Sub-regional Mental Health Advisor for the English Speaking Caribbean Countries, based in Barbados. In 2011 Ms. Kestel was appointed to the position of the Regional Mental Health Advisor, at the headquarters in Washington DC, providing technical cooperation in the mental health field to the entire region. In 2015 she became the Unit Chief for Mental Health and Substance Use at PAHO/WHO. Over the years, Ms. Kestel has contributed to and co-authored to publications in the area of mental health. Since 2019 Ms Kestel is the WHO Director of the Department of Mental Health and Substance Use.

Why should trainees consider collaborations?
Dr Jack Underwood, University of Cardiff

Collaboration is the backbone of scientific research. This session will explore the mutual benefits to trainees, clinical services, universities and third sector organisations of collaborating on research projects, and how skills can be exchanged to help everyone achieve success.

Dr Jack Underwood is a Forensic Psychiatry Registrar on the Wales Clinical Academic Track, currently doing a PhD on a Wellcome Trust GW4-CAT Fellowship. His work looks at why co-occurring mental health conditions occur more frequently in autism using genetic and epidemiological techniques.

Routes to publication
Dr Kate Adlington, Institute of Psychiatry, Psychology and Neuroscience (IoPPN)

This talk will focus on practical tips for academic trainees on how to achieve publication in peer review journals, from choosing what to write and with whom, to where to submit and how to involve patient co-authors. It will attempt to demystify the publishing process so trainees understand what to expect at each stage and how to respond to peer review and editorial comments when revising a manuscript. It will also provide advice on opportunities to get involved with editing and peer review as an academic trainee.

Dr Kate Adlington is an Academic Clinical Fellow at Queen Mary University of London and an ST4 Higher Trainee in General Adult Psychiatry at East London NHS Foundation Trust.

She is an Honorary Research Fellow in the Sections for Women's Mental Health at the Institute of Psychiatry, Psychology and Neuroscience at Kings College London. She is currently Trainee Editor and Highlights Editor at the BJPsych and worked as a Clinical Editor at The BMJ for 7 years after joining the team as a Clinical Fellow on the FMLM National Medical Director's Leadership and Management scheme.

Plenary 3
Chair: Dr Oli Sparasci

Panel discussion: alternative routes to a PhD
Dr Konstantinos Ioannidis, Cambridgeshire and Peterborough NHS Foundation Trust, Dr Dheeraj Rai, University of Bristol, Dr Kate Saunders, University of Oxford

Dr Konstantinos Ioannidis is a Consultant Psychiatrist working in CPFT. In the past he has been a Clinical Research Associate at the University of Cambridge and currently is a 3rd-year PhD student of Maastricht University. His research output (38 peer reviewed pubs / 15 first-author, two (e)book chapters) includes papers in top peer-reviewed journals (e.g. Nat Comm, Am J Psych, Lancet Psych, NPP, Biol Psych CNNI, BMC Med, NBBR, Br J Psych, …). His interests include resilience, internet use, impulsivity, compulsivity and machine learning applications in psychiatry.

Dr Dheeraj Rai is associate professor of neurodevelopmental psychiatry based at the University of Bristol. He leads a research group focused on improving the understanding of autism and neurodevelopmental conditions. One major focus of his research is understanding modifiable pathways to mental health comorbidities, and the design and conduct of randomised controlled trials of interventions to tackle psychiatric comorbidity in autistic people.

Dr Kate Saunders is the director of medical studies at the Department of Psychiatry, University of Oxford, as well as the postgraduate psychiatry course organiser and academic training programme director. Dr Saunders is an Honorary Consultant Psychiatrist.

Plenary 4
Chair: Dr Oli Sparasci

Public engagement and outreach in the post covid world
Ms Josie Waters, Alzheimer's Research UK

Josie Waters works as part of a small Public Engagement Team at Alzheimer's Research UK. Their main aim is to confront misconceptions about dementia across society, and to showcase the life-changing research that they support. By engaging with the public in unique and creative ways, they believe that they can contribute to the changing of attitudes towards dementia.

Applying for your own grants: why, how and where?
Professor Anne Lingford-Hughes, Head, Centre for Psychiatry and Professor of Addiction Biology at Imperial College London

This session will cover things to consider when applying for funding.

Professor Anne Lingford-Hughes is Professor of Addiction Biology and Head, Centre for Psychiatry at Imperial College London. She is also a Consultant Psychiatrist at Central North West London NHS Foundation Trust with a particular interest in pharmacological treatments of addiction. She graduated in medicine from Oxford University, completed her PhD at Cambridge University and post-doc at NIMH. Prof Lingford-Hughes trained in psychiatry at The Bethlem and Maudsley Hospitals and Institute of Psychiatry in London. Her research has focused on using neuroimaging, pharmacological and behavioural

challenges to characterize the neurobiology of addiction to alcohol, opiate, cocaine, gambling and nicotine to improve relapse prevention. Prof Lingford-Hughes has contributed to NICE guidance about management of opiate detoxification and alcohol dependence and is contributing to Public Health England's guidelines about managing alcohol problems. She was Hon. General Secretary of the British Association for Psychopharmacology through which she co-developed and wrote their guidelines about the pharmacological management of substance misuse and addiction and comorbidity with psychiatric disorders. She is highly committed to training the next generation of clinical academics and was a member of MRC career panel and leads an MRC funded PhD programme (MARC) to produce future clinical addiction academic leaders in the UK. She is currently member of Wellcome Trust's Brain and Behavioural Sciences Discovery Advisory Group. She is recent past-Chair of the Academic Faculty of Royal College of Psychiatrists and has just completed her term as Professional Liaison Officer, British Neuroscience Association.

Getting help: starting to supervise students
Dr Lindsey Sinclair, University of Bristol

All academic trainees have a limit to what they can achieve working on their own. Getting help is really important for getting projects finished faster. Starting to supervise students can be a valuable way of gaining supervision skills as well as getting valuable help.

Dr Lindsey Sinclair is a psychiatrist and post-doctoral researcher. She splits her time between working as a locum consultant Older Adult Psychiatrist and working as a clinical research fellow for the University of Bristol. She has loved science since I was very young and feels lucky to have been able to do research alongside her clinical training. Her research is based in the South West Dementia Brain Bank and her current projects focus on the relationship between depression and dementia.

Close of Conference

Poster exhibition
(alphabetically by surname)

1. Prevalence of obesity and associated risk factors in people with severe mental illness in South Asia

Dr Kavindu Appuhamy, *F2, Department of Health Sciences, University of York, Gerardo A Zavala, Lecturer, Department of Health Sciences, University of York, Mark Ashworth, Reader in Primary Care, School of Lifecourse and Population Sciences, King's College, London UK, Professor Richard Holt, Professor in Diabetes and Endocrinology, Faculty of Medicine, University of Southampton, Dr Olga P. García Obregón, Senior Scientist, Facultad de Ciencias Naturales, Universidad Autonoma de Queretaro, Mexico, Danielle Podmore, Statistician, Department of Health Sciences, University of York, Dr David Shiers, Honorary Reader in Early Psychosis, Division of Psychology and Mental Health, University of Manchester, UK, Professor Najma Siddiqi, Professor of Psychiatry, Department of Health Sciences, University of York, Virtu Chongtham, Associate Professor, Department of Psychiatry, Government Medical College and Hospital, Chandigarh, India, Asiful Chowdhury, Statistician, ARK Foundation, Dhaka, Bangladesh, Professor Rumana Huque, ARK Foundation, Dhaka, Bangladesh, Dr Helal Uddin Ahmed, Psychiatrist, National Institute of Mental Health & Hospital, Dhaka, Bangladesh*

Aims and Hypothesis
We hypothesise that obesity is highly prevalent in people with severe mental illness (SMI) and associated with health risk behaviours and physical comorbidities.
The aims of the study are to investigate, in people with SMI: 1) To determine the prevalence of obesity and overweight in adults with SMI in Bangladesh, India and Pakistan, 2) To investigate the association of obesity and overweight with sociodemographic variables, physical comorbidities and health risk behaviours.

Background
People with SMI die on average 10-20 years earlier than the general population. Cardiometabolic disorders contribute significantly to this excess mortality, with obesity one of the main risk factors for developing these diseases. Despite people with SMI in low- and middle-income countries (LMICs) being particularly at risk of obesity, the vast majority of literature in this field is from higher income countries.

Methods
We recruited a total of 3,989 participants from three national mental health institutes in Bangladesh, India and Pakistan. We collected data on non-communicable diseases, physical measurements, blood tests (lipid profile, HbA1c) and health risk behaviours.

Descriptive statistics were used to estimate the prevalence of overweight and obesity (stratified by demographic variables). Multinomial regression was used to explore associations between overweight and obesity with sociodemographic variables, physical comorbidities (hypertension, diabetes, hypercholesterolaemia), and health risk behaviours (physical inactivity, poor diet, smoking).

Results
We found a high prevalence of overweight (17.3%), and even higher obesity rates (46.2%), according to Asian cut-offs. Obesity was most prevalent in the 40–54-year age group (56.1%), and a greater proportion of outpatients were obese compared to the inpatient population (48% and 37.5%, respectively)
The relative risk of being obese compared to normal weight in females is double the risk in males (RRR=2.04; 95% CI: 1.56 to 2.67). We also found that people in the highest income tertile have 1.37 (95% CI: 1.10 to 1.71) times greater risk of being obese, compared to normal weight, in relation to those in the lowest tertile. The relative risk of being obese compared to normal weight in current smokers is 0.80 times (95% CI: 0.65 to 0.97) the risk in non-smokers.

Conclusions

The obesity epidemic is severely affecting the SMI population in LMICs which will contribute significantly to the widening mortality gap and it's likely the real burden of obesity is hugely underestimated. Identifying those at most risk will help in the development of context-appropriate interventions and health strategies to prevent obesity and its sequalae.

2. Are Patients Being Told About Research Opportunities?: An Audit

***Dr Kavindu Appuhamy**, FY2, TEWV NHS Trust, Dr Chris Clarke, Consultant Clinical Psychologist, TEWV NHS Trust, Dr Amanda Leigh, Consultant Psychiatrist, TEWV NHS Trust*

Aims and Hypothesis

We aimed to identify if dementia patients were being adequately signposted towards the research opportunities available to them during their diagnostic appointment, as stipulated by the dementia care pathway (DCP), and if this translated to increased recruitment for Join Dementia Research (JDR).

Background

Dementia is a huge contributor to disability and health burden in the UK with over 850,000 people currently living with it, and this will continue to increase with our ageing population. Research in dementia continues to be vital as we aim to find out more about prevention, diagnosis and treatment of this devastating disease. It is therefore the responsibility of all healthcare professionals to promote the multitude of research opportunities available to patients, and this has been recognised in the Care Quality Commission well-led framework. The DCP used in the Tees, Esk and Wear Valley trust states that all newly diagnosed dementia patients should be given information about JDR, and asked for consent to add their contact details to the database. This was used as the standard to which compliance was measure against.

Methods

Thirty newly diagnosed dementia patients were randomly selected from the caseloads of two separate community mental health teams and one community memory service. PARIS (electronic care record system) records were accessed and a keyword search was used to identify documentation of research discussion during the diagnostic appointment. Records were also searched to identify if patients were given written information about JDR and to confirm the number of successful referrals to JDR. This information was recorded using the audit tool The raw data was then inputted into Excel and converted to proportions of the total number of patients.

Results

Discussion regarding research opportunities had only been documented in 23% of diagnostic appointments, and nearly all of these were in the clinic setting. Out of the 7 patients who were approached about research, 5 consented to being referred to JDR and from these, 4 were successfully referred to JDR. All patients referred to R&D for JDR received written information in the post.

Conclusions

The number of appointments where research is being discussed falls well below the 100% compliance that is expected from the DCP. More efforts therefore need to be made to encourage and remind clinicians of the importance of signposting, especially given that there proves to be a high likelihood that when the topic is broached, patients will consent to referral, which will significantly improve recruitment rates across the trust.

3. What ''lies'' beneath: Chronic, unrecognised delusional disorder with dissociation

Dr Christina Barmpagianni*, CT1, Farnham Road Hospital, Surrey and Borders Partnership NHS Foundation Trust, Dr Maneesha Jayawardena, GPST2, Farnham Road Hospital, Surrey and Borders Partnership NHS Foundation Trust, Dr Prekshya Limbu, FY1, Farnham Road Hospital, Surrey and Borders Partnership NHS Foundation Trust, Dr Nadarasar Yoganathan, Consultant Psychiatrist, Farnham Road Hospital, Surrey and Borders Partnership NHS Foundation Trust*

Aims and hypothesis

We present the case of a patient, who displayed delusional beliefs and dissociative behaviour, but effectively managed to convince services in the past, abroad and in the United Kingdom, during a period of detention. The process of diagnosing him was challenging, required several interviews and the review of evidence provided by third parties. Some of the personal characteristics have been altered to protect the patient's identity.

Background

A Caucasian male in his 50s presented to A&E after accidentally overdosing on analgesics and anticoagulants. He claimed to mistake them for weight-loss tablets. After treating his deranged coagulation, the overdose was explored further. The patient presented with grandiosity and delusions about wealth, fame and professional success. His records indicated he was known to services, had a series of hospitalisations, forensic history, and a previous diagnosis of Paranoid Schizophrenia. He had not attended any follow-up reviews and was not taking any medication.

He remained in denial of any mental health problems and attributed all the above to the theft of his identity, claiming that an imposter was responsible. Following a Mental Health Act assessment, the patient was detained under Section 2.

Methods

One of the first tasks was to investigate his background, which contradicted his narrative. He had been functional for a period of years and had accomplished achievements in the UK and abroad in his profession. His most recent experiences, however, were delusions.
Delusional Disorder with Dissociative traits seemed more fitting to his presentation.
This required us to treat the patient under Section 3 to manage short, and long-term care needs.

Results

The patient reluctantly accepted treatment with an antipsychotic but refused psychological therapies. He continues to battle the diagnosis and the detainment. It is not known whether he will ever accept his condition or be willing to have psychological treatment. We are continuing to treat him and are making efforts to discharge him to an appropriate community setting.

Conclusions

This case highlights the challenges of treating patients who are able to effectively mask their mental illness, remaining functional and in apparent control for a period of time.
Differentiating between truth, intended lies, confabulations and delusions is challenging. The clinician must carefully review the patient's narrative, comparing it to evidence in order to establish the extent of its accuracy, and when necessary, manage, using the appropriate legal framework.

4. No Health Without Physical Health: Managing Physical Health of People with Serious Mental Illness in an Inpatient Setting

***Dr Sophia Bashir**, FY2, Camden and Islington NHS Foundation Trust, Dr Ramandeep Sahota, FY2, Camden and Islington NHS Foundation Trust, Dr Golnar Aref-Adib, Consultant Psychiatrist, Camden and Islington NHS Foundation Trust*

Aims and Hypothesis

We aimed to assess whether a London hospital was meeting national guidelines for physical health monitoring in patients with serious mental illness (SMI). We chose to review performance of ECGs, weight measurement and standard blood tests, as these can be important indicators of underlying metabolic and/or cardiovascular disease, both key contributors to reduced life expectancy.

Background

There is an excess mortality in patients with serious mental illness (SMI) which is contributed to by physical health. NICE guidelines state that anyone with psychosis should have at least an annual screen of their physical health needs, and that the secondary care team maintain responsibility for this for 12 months after the initiation of treatment, or until the person's condition has stabilised, whichever is longer. The inpatient setting is an important location for investigation and health promotion, especially given that the most likely reason for admission to a psychiatric facility is deterioration in mental state, and new psychotropic medications are often initiated.

Methods

A cross-sectional analysis was performed, covering 6 psychiatric wards (one psychiatric intensive care unit, three acute wards and two rehabilitation wards). In total, 76 patients were included (M=35, F=41). The documentation system was reviewed for evidence of 1) a weight check 2) an ECG 3) blood tests – and whether these were actioned appropriately as per guidelines.

Results

The majority of patients (n=62) had an ICD 10 F20-29 diagnosis. All but two patients in the hospital were on at least one anti-psychotic, a several were on more than one (n=18), a depot medication (n=26), or clozapine (n=13). 27 patients had not had an ECG, the most common reason for this was patient refusal. Despite the average length of stay being 130 days, 21 patients had not been weighed – the reason for this was rarely documented. Although 29(38%) patients were obese, only 5 received documented lifestyle guidance or were referred to dieticians. Both national and trust guidelines suggest that both are necessary. Most patients had their renal function and full blood count assessed (83%). However, thyroid function, HbA1c, lipids/cholesterol and prolactin were less commonly measured, despite being required by all guidelines.

Conclusions and next steps

National guidelines suggest that patients with SMI need at least annual screening for physical health, especially if there has been a recent change to medication. This is not currently being completed and reasons behind this are inadequate. Further work must be done to improve physical health screening to prevent this health inequality.

5. Lithium induced hyperparathyroidism in a patient with Schizoaffective disorder

Dr Eva Carter, *Psychiatry Registrar, Tallaght University Hospital, Dublin, Dr Peter Whitty, Psychiatry Consultant, Tallaght University Hospital, Dublin*

Aims and Hypothesis

his report describes a case of lithium induced hyperparathyroidism resulting in symptomatic hypercalcaemia for a patient on long-term lithium therapy for management of Schizoaffective Disorder. Maudsley Guidelines do not recommend routine monitoring of calcium levels in patients on long term lithium therapy and this case highlights the requirement for calcium monitoring.

Background

We describe a case of a sixty four year old woman with a diagnosis of Schizoaffective Disorder on long term Lithium therapy who was admitted to hospital involuntarily with relapse of psychosis in the context of medication non-compliance. Routine admission blood profile revealed an elevated calcium level and with further investigations she was diagnosed with Primary Hyperparathyroidism secondary to Lithium use.

Methods

A further review of symptoms revealed constipation and generalised fatigue. She denied other physical symptoms of hypercalacemia including thirst, nausea, loss of appetite, urinary symptoms suggestive of renal calculi and nausea. The patient was advised to increase her oral hydration in order to reduce calcium levels which were monitored daily. Parathyroid hormone level was sent and was found to be elevated pointing towards primary hyperparathyroidism likely secondary to long term Lithium. A Sestamibi scan was ordered to ascertain if there was a single parathyroid adenoma which could then be surgically removed. Sestamibi scan was negative for a functioning parathyroid adenoma. After discussion at the Endocrinology MDT, a Parathyroid CT scan was performed which showed a nodule posterior to the right lobe of thyroid in the tracheoesophageal groove with features suggestive of a parathyroid adenoma. Daily calcium monitoring showed persistently elevated corrected calcium levels despite adequate oral hydration of two to three litres of water per day. A decision was made by the Psychiatry team, following discussion with Endocrinology to cease Lithium therapy while in hospital. Following cessation of Lithium, the patient displayed some hypomanic symptoms on the ward including a reduced need for sleep, reporting to be in love with a fellow male patient on the unit and feeling an increased sexual drive. She was commenced on Sodium Valproate as an alternative mood stabilising agent with good effect.

Results

Due to persistently raised calcium and cessation of Lithium therapy, the patient was commenced on Cinacalcet, a calcimimetic under the supervision of Endocrinology and referred onto ENT surgeons for consideration of resection of the parathyroid adenoma which she declined due to the potential complications of damage to the recurrent laryngeal nerve and bleeding.

Conclusions and next steps

Lithium can have clinically significant effects on calcium levels via the parathyroid gland and these should be routinely monitored for.

6. Managing Referrals for Behaviours that Challenge in an Outpatient Psychiatry of Intellectual Disability Service: A Quality Improvement Project

Dr Elizabeth Charlton*, CT2, Birmingham Community Healthcare NHS Foundation Trust, Dr Humaira Aziz, ST6, Birmingham and Solihull Mental Health NHS Foundation Trust, Dr Eleanor Brookes, CT2, Birmingham and Solihull Mental Health NHS Foundation Trust, Dr Feroz Nainar, Consultant, Birmingham Community Healthcare NHS Foundation Trust*

Aims and Hypothesis

This quality improvement project looked at how referrals for 'behaviours that challenge' are managed. We hypothesised that these referrals were being managed with medication rather than non-pharmacological interventions, due to reduced service availability during the pandemic. Aims:

- To determine whether referrals for 'behaviours that challenge' are triaged to Psychiatry or the multi-disciplinary team (MDT)
- To assess whether Positive Behavioural Support (PBS) plans are being used as per 'Stopping the overmedication of people with intellectual disability' (STOMP) guidance
- To assess whether medication is being prescribed appropriately
- To create interventions for improvement

Background

Behaviours that challenge include self-injurious behaviour, property damage and aggression. The National Institute for Health and Care Excellence (NICE) guidelines recommend that antipsychotic drugs should only be used if "psychological or other interventions alone do not produce change within an agreed time…or the risk to the person or others is very severe".

Methods

A list of all referrals from August 2020-21 was compiled. Patient notes were read to ascertain: Indication

- Referral source
- Where referrals were triaged
- Whether a PBS plan was considered
- Whether medication was started/increased.

Results

12.79% of the original listed referrals were excluded as either no referral was found, or they were duplicates. 45% of referrals were for 'behaviours that challenge', of which 48.5% were external, 31.6% internal and 19.8% transfers. A PBS plan was considered in 51% of external referrals and a new medication started in 22%. The most commonly used medications were antipsychotics. 13% of external referrals were triaged to Psychiatry only, 50% of which were started on a new medication without a PBS plan in place. A PBS plan was considered in 90% of internal referrals and medication was started/increased in 29% of cases.

Conclusions and next steps

A few patients were triaged solely to Psychiatry and started on a new medication without a PBS plan. We suggested implementing a new template, which includes a mandatory section where it is documented whether a PBS plan is in place, and if not, to indicate how this will be addressed. The use of standardised templates will allow referrals to be easily identified with specific search terms. To reduce delay in patient care and General Practitioner (GP) workload, we suggested re-circulating referral requirements to all GPs. We are currently implementing our changes and will shortly evaluate their effectiveness.

7. What role do visual cues have in promoting emotional connections to the sense of belonging and wellbeing in the West African diaspora of the UK?

***Mr Kwaku Boadu Darko**, Medical Student, Brighton and Sussex Medical School, Dr Chi Eziefula, Senior Lecturer and Consultant In Infection, Brighton and Sussex University Hospitals NHS Trust, Dr Caroline Ackley, Research Fellow in Medical Anthropology, Brighton and Sussex Medical School*

Aims and Hypothesis

In this study, we explore, in a West African (WA) medical student population, visual cues that trigger a perceived sense of belonging to understand how belonging relates to participants' wellbeing. We look at literature by post-Colonial WA writers to explore the link between WA diasporeans, their new environments, and the association between their sense of belonging and wellbeing. This paper hypothesises that the link between sense of belonging and wellbeing is highly dependent on one's environment.

Background

'Wellbeing' is closely linked to a people's health. The World Health Organisation's definition of "health" in 1984, was revised to incorporate 'the extent to which an individual or group is able to realise aspirations and satisfy needs and to change or cope with the environment...'. The WA diaspora has a unique culture that has thrived yet adapted in foreign environments whilst still withstanding the trial of being discredited and impeded by western ideology. Stuart Hall's article in 'The Post-Colonial Studies Reader' on 'Cultural identity and the Diaspora', infers that culture should be thought of more as a product which is never accomplished or complete. If culture is to be seen in this way, then the implication is that the 'diasporean goes through a process of 'shifting and transformation.'

Methods

Photovoice was used to explore the role of visual cues in triggering a sense of belonging amongst 10 Brighton and Sussex Medical School students from the WA Diaspora and its impact on wellbeing and health. Participants selected two photographs that represented their sense of belonging and wellbeing. Focus group discussions (FGDs) were conducted online to discuss these themes. The FGDs were audio recorded and transcribed for analysis, using the Clarke and Braun method of thematic analysis. Fiction writing and literature from the WA Diaspora were analysed to elicit feelings of wellbeing given a paucity of published data.

Results

Three themes emerged from analysis of the FGDs: A journey to connect to ethnic routes, representation, and faith. The themes are captured in images of brooms, food and music, which centre around the participant's culture.

Conclusions and next steps

This study revealed factors that influence the connection between sense of belonging and wellbeing in the study population. The literature review found that the factors affecting this connection are, likely to be applicable to the wider WA diaspora, and it is hopeful that more research can be conducted to help improve the status of health in this population.

8. An exploration of the antidepressant potential of the 5-HT4 agonist, prucalopride, in the healthy human brain

*de Cates A. N., University Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK, Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford, UK, Martens M.A., University Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK, Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford, UK, Gould van Praag C., University Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK, Oxford Centre for Human Brain Activity, Wellcome Centre for Integrative Neuroimaging, Department of Psychiatry, University of Oxford, Oxford, UK, Capitao L, University Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK, Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford, UK, Gibson D., University Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK, Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford, UK, Cowen P.J., University Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK, Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford, UK, Harmer C.J. *, University Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK, Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford, UK, Oxford Centre for Human Brain Activity, Wellcome Centre for Integrative Neuroimaging, Department of Psychiatry, University of Oxford, Oxford, UK, Murphy S.E. *, University Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK, Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford, UK * = joint last author*

Introduction

Approximately one third of patients fail to respond completely to current antidepressant treatments, and those who do respond experience a delay before therapeutic benefit. Animal studies suggest that stimulation of the 5-HT_4 receptor, a postsynaptic serotonin (5-HT) receptor expressed in brain areas involved in emotion, may lead to rapid onset of antidepressant activity in animal models of depression. Therefore, 5-HT_4 receptor agonism may be a selective target for rapidly acting antidepressant treatment, as well as recent evidence of procognitive benefit. Until the recent emergence of prucalopride, investigating 5-HT_4 receptor agonism in humans had been limited due to the side-effect profile of early agents.

Aims

We examined whether short-term administration of the licensed 5-HT_4 partial agonist, prucalopride, affected behavioural and neural emotional processing in healthy human volunteers using an experimental medicine model. We hypothesised that prucalopride would show a neurocognitive effect similar to that previously observed with serotonergic antidepressants (i.e.) decreased response to negative vs. positive emotional stimuli in a network including the medial prefrontal cortex in an fMRI paradigm.

Methods

Right-handed healthy participants (N=43, aged 18-40) were recruited for randomisation to either prucalopride (6 days x 1mg) or placebo, in a double-blind design. Drug allocation was stratified for gender. The study received ethical approval (MSD-IDREC reference R57219/RE001) and was pre-registered with clinicaltrials.gov (NCT03572790).

On day 6, participants underwent a 3T scan including an fMRI emotional processing task. Imaging data were analysed with FSL, and were corrected for multiple comparisons. Brain activations showing significant group differences were identified using cluster-based thresholding ($Z>3.1$, $p<0.05$ corrected). Regions of interest analyses were pre-specified.

Results

Participants receiving prucalopride were more accurate at identifying the gender of emotional faces, primarily due to better recognition with fearful faces. In whole brain analyses, prucalopride was also associated with reduced activation in a network of six regions corresponding to the default mode network. However, there was no evidence that

prucalopride treatment produced a positive bias in the neural processing of emotional faces.

Conclusions

Our study provides further support for a pro-cognitive effect of 5-HT_4 receptor agonism in humans. While our current behavioural and neural investigations do not suggest an antidepressant-like profile of prucalopride in humans, it will be important to study a wider dose range in future studies.

Disclosures

CJH has received consultancy fees from P1vital Ltd., Janssen Pharmaceuticals, Sage Therapeutics, Pfizer and Lundbeck.
SEM has received consultancy fees from P1vital Ltd. and Janssen Pharmaceuticals.
CJH and SEM hold grant income from UCB Pharma and Janssen Pharmaceuticals.
CJH, SEM and PJC hold grant income from a collaborative research project with Pfizer.
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9. Evaluating participant experience in Balint online sessions held during the Covid19 pandemic – lessons learnt and moving forward

Dr Romy Garbutt, AFP and Honorary Researcher, ELHT and University of Lancaster, ***Dr Nikita Handa****, Core Psychiatric Trainee, Greater Manchester Mental Health Trust, Dr Sylvia Chudley, GP and Secretary of UK Balint Society*

Aims and Hypothesis

We aimed to take a snapshot of the effect virtual Balint sessions have had and analyse the themes that members of virtual Balint groups have been identifying about their online group experience at this particularly challenging time for healthcare workers. We hope this will inform both leaders and participants of future online groups of the benefits and pitfalls found by these members reflecting on their first experiences of virtual Balint.

Background

From the outset of the Covid19 global pandemic and the lockdown that subsequently ensued, a challenge was posed to reshape previously face-to-face meetings in all walks of life. One area that rose to this, with quick introduction of online sessions, was the Balint Group.

Methods

Seven members of virtual Balint groups across the UK were randomly selected for interview from a pool of volunteers facilitated by the UK Balint Society after the first 6 months of their first virtual Balint experience. Interviews were conducted by two doctors who were not members of the Balint groups. Qualitative thematic analysis was then conducted on these interview transcripts. Going forward, as Balint groups continue online, the researchers plan to interview further group members and leaders to look for change and development in the primary themes identified.

Results

Key positive themes identified when discussing virtual Balint were ease of access, increased anonymity, attention to facial expressions and interaction with participants from different parts of the country. The most common drawback themes were a lack of socialising and different group dynamic as well as the expected technical and environmental challenges. Interestingly all participants reported that ‘silence’ and ‘sitting/stepping back’ were still used in their online sessions. Core theme analysis indicates the virtual Balint descriptions draw out sentiments of safe, open and structured sessions. In these early sessions a frequent theme was the increased role of the leader.

Conclusions and next steps

All participants interviewed have felt their online experiences have had many positive aspects. They highlight areas they feel virtual Balint could develop to better replicate the original sessions. The fact some interviewees would prefer to maintain online Balint groups even when ‘in person’ options resume makes it likely this will not be a transient rise in virtual Balint and that the style may be here to stay. Based on this, the role for feedback and constant evaluation and improvement will be central to Balint evolution. Moving forward we will be interviewing Balint leaders to analyse their opinions on online Balint.

10. Impact of Covid-19 in patients with intellectual disability

Dr Amir Javaid, Consultant Psychiatrist, Humber teaching NHS trust, ***Dr Eimen Javed****, FY1 Doctor, Hull University Teaching Hospitals NHS Trust, Dr Dasari Michael, Consultant Psychiatrist, Humber teaching NHS trust*

Introduction

Patients with intellectual disability (ID) are a vulnerable group. The covid-19 pandemic has had a drastic impact on them. They are at a higher risk of having physical health implications more likely to be admitted to hospital with covid-19 and more likely to die from covid-19 than the general population. The physical health risks have been investigated and reported however there is a need for more research on the mental health effects of the covid-19 pandemic in vulnerable groups. The mental health of patients with ID has been affected due to factors such as reduction in staffing levels due to illness, day services and respite care being closed, restrictions to visits. All these things can be even more distressing and anxiety provoking for patients with ID than the general population. We looked at 5 patients with ID to determine whether there has been an escalation in challenging behaviours or increasing levels of anxiety after they contracted covid-19.

Methods

This is a case series involving retrospective data collection from patients' electronic records (Lorenzo patient record system) and their psychiatric case files. Lorenzo patient record systems are a type of electronic health record, originally as part of the United Kingdom government's National programme for IT in the NHS. Data was collected for 5 patients meeting the inclusion criteria which included: patients with a clear diagnosis of ID and over 18yrs of age and those managed by local adult ID service. Patients were identified over a period of 1 year from March 2020 and February 2020 by convenience sampling approach having being either seen in outpatient clinic or admitted during this time.

Results

1: 49-year-old female, a few months after contracting covid-19, she presented with an escalation in her aggressive behaviours and new symptoms such as akathisia, tremor, and rigidity which resolved with medication.
2: 64-year-old male, contracted covid-19 and few months later had a new presentation of physical aggression and attempted arson.
3: 23-year-old male, after contracting covid-19 had increasing levels of anxiety, agitation, and aggression.
4: 44-year-old male, had an escalation in his aggressive and physically violent behaviours weeks after contracting covid-19.
5: 38-year-old male, had new symptoms of anxiety and low mood observed weeks after contracting covid-19.

Discussion

The increased psychological distress caused by covid-19 is more pronounced in vulnerable groups such as patients with ID. There could be many causes of this for example due to the interruption to access to psychiatric care such as cancellation of face-to-face clinic appointments. It is important to offer best protection in future pandemics to people with ID. This includes offering vaccinations effectively to this group of vulnerable people and planning effectively for future pandemics.

Conclusion

This case series sheds some light into the impact on the psychopathology of ID patients affected by covid-19. We need more research exploring ways in which the mental health consequences of the pandemic on ID patients can be mitigated and how it can be best managed. This case series looked at the acute and sub-acute effects of contracting covid-19 however we need to consider the long-term consequences in future research.

11. Coping in a Pandemic: Perceived Coping Strategies in Autistic, Other Neurodiverse and Non-Autistic Adults Living in the UK During COVID-19

Ms Lara Mitchell, *Medical Student, King's College London, Ms Simone Capp, PhD student, King's College London, Professor Francesca Happe, Professor of Cognitive Neuroscience, King's College London, Ms Yasmin Ghafor, iBSc Psychology, King's College London, Mr David Mason, PhD student, King's College Londo*n

Aims and Hypothesis

This mixed-methods study aimed to investigate coping strategies used during the pandemic by autistic and neurodivergent adults compared to their neurotypical peers. Four hypotheses were drawn: all participants will actively use coping strategies to deal with the changes brought about by the pandemic, instead of being passive; autistic and other neurodivergent adults will use different coping strategies during COVID-19 compared to their neurotypical peers1; intolerance of uncertainty will be heightened in autistic adults compared to non-autistic and neurotypical participants; and finally, participants with a higher intolerance of uncertainty will be more likely to report coping strategies focused on maintaining routines.

Background

COVID-19 has had a negative impact on the mental health and wellbeing of many UK adults. Autistic and other neurodivergent adults may be particularly vulnerable to these negative effects for several reasons including increased 'intolerance of uncertainty'.

Methods

An open-response question on coping strategies was answered by 212 UK adults. This included autistic and other neurodivergent adults as well as comparison adults. Thematic analysis was used to explore the data, followed by quantitative comparison of theme endorsement and its relationship to 'intolerance of uncertainty'.

Results

Thematic analysis identified thirteen coping strategy themes and forty-three subthemes. The most common coping mechanisms were use of routines and connecting with others. Many also discussed difficulties in coping and noted a lack of strategies. Planning-ahead and employment-related coping were differentially endorsed across groups. Intolerance of uncertainty, which was higher among autistic participants, predicted the use of four coping responses: increased use of medications, routines, and negatively focused emotions, and decreasing use of physical exercise.

Conclusions and next steps

This study highlights that some people have continued to struggle throughout the pandemic. Many have used their own strategies to try to manage mental health and wellbeing during such uncertain times, offering an opportunity to learn from strategies used across neurodivergent and neurotypical populations.

12. A Qualitative Exploration Of How Islamic Religious Leaders Respond To Mental Health And Substance Use Problems In The Muslim Community

Dr Umika Moorjani, *FY2, NHS Foundation Trust, Dr Abid Choudry, Consultant Psychiatrist, Birmingham & Solihull Mental Health Foundation Trust, Dr Edward Day, Consultant Psychiatrist in Addiction Medicine, Birmingham & Solihull Mental Health Foundation Trust, Dr Rachel Upthegrove, Consultant Psychiatrist, Birmingham & Solihull Mental Health Foundation Trust*

Aims and Hypothesis

The study aimed to explore how UK-based Islamic religious leaders respond to mental health and substance use problems by exploring how they:

(i) Understand or interpret mental health and substance use problems
(ii) Manage or treat mental health and substance use problems in the community
(iii) Interact with professional treatment services, identifying ways in which this may be improved

Background

Islamic religious leaders are a source of counselling and pastoral care for many Muslims. However, little is currently known about how UK Islamic religious leaders engage with mental health and substance use problems in their communities. Given low rates of mental health service utilisation by UK Muslims, it is important to explore how their psychiatric and psychosocial needs are being addressed in the religious community.

Methods

Nine 28-55 minute semi-structured interviews were conducted with Islamic religious leaders in English (n=6), Urdu (n=2) and Arabic (n=1). These were transcribed clean verbatim in English and analysed using Iterative Categorisation to develop themes.

Results

Four themes were identified:

(i) Understanding the problem: mental health and substance misuse problems were mainly understood and presented in social contexts. Participants were uncertain how to distinguish between psychiatric and spiritual problems.
(ii) Religious leaders as counsellors: religious leaders' positions of trust, responsibility and spiritual guidance were highlighted.
(iii) Providing treatment: religious leaders often refer community members to known professionals or, less commonly, traditional healers.
(iv) Improving access to professional services: This can be promoted through raising awareness within the mosque and collaborating with professional mental health and substance misuse services.

Conclusions and next steps

Religious leaders offer Muslims long-term, faith-based support in the community. Their roles have potential for early intervention, improving access to treatment and supporting recovery. This necessitates collaboration with professional services. Ideas include a formal teaching programme from mental health professionals delivered in the community, or having local Islamic mental health representatives from religious communities

13. Audit of Inpatient use of Depots, BNF compliance and consequences

***Dr Umika Moorjani**, FY2, Birmingham and Sollihul Mental Health Foundation Trust, Dr Edward Palmer, ACF CT2, Birmingham and Sollihul Mental Health Foundation Trust and University of Birmingham, Dr Rowena Jones, Consultant Psychiatrist, Birmingham and Sollihul Mental Health Foundation Trust*

Aims and Hypothesis

1. To assess whether the prescribing of new anti-psychotic depot medication for a sample of inpatients within BSMHFT is in line with BNF recommendation in terms of test doses, dosing intervals and titration of doses.
2. To examine the use of documentation and justifications used in cases where BNF guidance has not been followed for new antipsychotic depot prescriptions.
3. To explore and compare the prevalence of side effects in cases where BNF guidance has been followed vs. not being followed.

Background

British Association for Psychopharmacology guidelines recommends the initial antipsychotic dosage regimen should follow BNF recommendations. There is no evidence to suggest higher doses are more effective but they do increase risk of adverse effects (AEs). In line with the large-scale national audit conducted by the Prescribing Observatory for Mental Health in 2012, we hypothesized that a significant proportion of patients within the sample would be prescribed antipsychotic medications above the BNF recommended maximum dose.

Methods

Initial data of all inpatients initiated commenced on a new antipsychotic depot in June 2020. This was filtered using our inclusion criteria. Data was collected from electronic prescriptions on antipsychotic, test dosing, dose titration and dosing intervals. This was compared to BNF recommendations. For non-compliant cases, clinical notes were examined for documentation. We reviewed notes and prescriptions for evidence of AEs and used a chi-squared test to look for evidence of association between non-BNF compliant prescribing and AEs.

Results

N=25. Only 56% of antipsychotic depot prescriptions were BNF compliant. Deviation from BNF guidelines was only justified in <20% of cases. 71% of prescriptions that were not compliant were for Fluclopentixol. Rates of documented AEs in the entire cohort were 56%, but 78% in the non-BNF compliant where no justification was given. Results of Pearson's Chi-squared test was p=0.1. This was likely under-powered due to low participant numbers.

Conclusions and next steps

1. Prescribers should follow BNF recommendations when initiating patients on new antipsychotic depot medications
2. Where BNF recommendations are not followed, prescribers should document their reasons for not following standard guidance.
3. Increased prescriber education surrounding BNF recommendations
4. Exploring the use of automated/pre-designed templates to encourage prescribers to follow BNF recommendations when starting antipsychotic depot medications,

14. Review of physical health monitoring in an acute mental health inpatient setting
***Dr Sameer Nardeosingh**, CT3 BSMHFT*

Aims and Hypothesis
For all newly admitted patients to an acute inpatient unit to have had a physical exam, baseline bloods and ECG completed within 2 weeks of admission.

Background
It is known that people with severe mental illness (SMI) have a significantly reduced life expectancy and a higher prevalence of physical health disorders when compared with the general population. Figures show that patients with SMI die on average 15 to 20 years earlier than the general population. Estimates show that for patients suffering with SMI, two thirds of deaths are from preventable physical illnesses. Physical health reviews for newly admitted patients contributes to providing high quality care through two main functions; to rule out organic processes which may be causing the psychiatric presentation and to monitor for adverse effects of psychotropic medication or other physical co-morbidities. It was noted on a 16 bedded, male, inpatient unit, that there were often patients with incomplete physical health monitoring and an audit was designed to review this.

Methods
Data on physical health examination, blood tests and ECGs was collected through the Rio electronic system. Date of admission for each patient was also recorded in order to calculate duration of admission. Data was collated in Microsoft Excel and analysed in order to review performance in each of the domains.

Results
For patients who had been admitted for more than 2 weeks, the data showed that 50% had blood tests and physical examination completed, 38% had not and 13% had declined. 100% of patients who had been admitted for more than 2 weeks, had been offered an ECG with 75% accepting and 25% declining.

Conclusions and next steps
The results show generally a poor level of physical health monitoring for inpatients on an acute mental health ward, particularly in offering blood tests and physical examination. The results of this audit were fed back to the ward and clinical teams and the report was submitted to the trust Clinical Audit Team. A tool was developed in order to improve physical health monitoring however, due to the Covid-19 pandemic, trust guidelines shifted in order to prevent unnecessary exposure to patients. This made it difficult to compare physical health monitoring performance reliably. The next steps would be to repeat this audit on the same ward following the end of the Covid-19 pandemic and implement the tool at that time if necessary.

15. Persistent Childhood and Adolescent Anxiety and Risk for Psychosis: A Longitudinal Birth Cohort Study

Dr Edward Palmer, *ACF CT2, University of Birmingham, BSMHFT, Dr Isabel Morales-Munoz, Lecturer, University of Birmingham, Prof Steven Marwaha, Consultant Psychiatrist, University of Birmingham, BSMHFT, Prof Pavan K. Mallikarjun, Consultant Psychiatrist, University of Birmingham, BWCH Trust EIS, Prof Rachel Upthegrove, Consultant Psychiatrist, University of Birmingham, BWCH Trust EIS*

Aims and Hypothesis

To establish if there is a group of children and adolescents that experience a persistently higher level of anxiety. To Examine whether exposure to increased level of anxiety persistently over a period of time during childhood and adolescence increases the risk of developing psychosis in early adulthood. To examine whether any risk is mediated by inflammation. We hypothesized that persistent high levels of anxiety would be a risk factor for psychosis in early adulthood and that CRP levels, as a reflection of inflammation, would mediate these associations.

Background

Persistent anxiety in childhood and adolescence could represent a novel treatment target for psychosis, potentially targeting activation of stress pathways and secondary non-resolving inflammatory response. Here, we examined the association between persistent anxiety through childhood and adolescence with individuals with psychotic experiences (PEs) or who met criteria for psychotic disorder (PD) at age 24 years. We also investigated whether C-reactive protein mediated any association.

Methods

Data from the Avon Longitudinal Study of Parents and Children (ALSPAC) were available in 8242 children at age 8 years, 7658 at age 10 years, 6906 at age 13 years, and 3889 at age 24 years. The Development and Well-Being Assessment was administered to capture child and adolescent anxiety. We created a composite score of generalized anxiety at ages 8, 10, and 13. PEs and PD were assessed at age 24, derived from the Psychosis-like Symptoms Interview. The mean of C-reactive protein at ages 9 and 15 years was used as a mediator.

Results

Individuals with persistent high levels of anxiety were more likely to develop PEs (odds ratio 2.02, 95% CI 1.26–3.23, p = .003) and PD at age 24 (odds ratio 4.23, 95% CI 2.27–7.88, p , .001). The mean of C-reactive protein at ages 9 and 15 mediated the associations of persistent anxiety with PEs (bias-corrected estimate 20.001, p = .013) and PD (bias-corrected estimate 0.001, p = .003).

Conclusions and next steps

Persistent high levels of anxiety through childhood and adolescence could be a risk factor for psychosis. Persistent anxiety is potentially related to subsequent psychosis via activation of stress hormones and non-resolving inflammation. These results contribute to the potential for preventive interventions in psychosis, with the novel target of early anxiety.

16. COVID-19 Guidance for Junior Doctors

Dr Shambhavi Pranoy, *FY2, Shrewsbury and Telford Hospitals NHS Trust.* **please note this project was also submitted as a poster in my name to the RCPsych Quality Improvement Annual Conference 2021.*

Aims and Hypothesis

The hypothesis is that by conducting a thorough review and update of the Covid-19 management guide already in place will lead to better management of psychiatry inpatients who test positive for Covid-19, build confidence amongst the junior doctors in managing these patients and to limit wastage of time in initiating treatment and management plans for these patients. The aim of this project is to create a comprehensive document that is more useful and more up-to-date than the document already in place.

Background

Medical management of Covid-19 is constantly evolving as we learn more about the virus and as the country goes through different phases of the pandemic. In January 2021, it was identified that the junior doctors in a psychiatry inpatient hospital were struggling in seeking up-to-date management advice from various sources regarding the management of Covid-19 positive patients. Root cause analysis showed there were defects in the hospital's Covid-19 guide as it had not been reviewed nor updated since March 2020. It was also noted that there were varying experiences amongst the junior doctor cohort, where some had recent experience in acute medicine and were familiar with recent covid-19 guidance and some who had no experience in this.

Methods

5 PDSA cycles were undertaken in updating the hospital Covid-19 guide, which included advice from several colleagues in multi-disciplinary departments. Junior doctors were surveyed before and after the implementation of the updated guide.

Results

Baseline data showed that 67% of the junior doctor cohort found the 2020 guide only "somewhat helpful" or "somewhat unhelpful". The updated 2021 document was a more comprehensive guide for doctors to use in tackling all aspects of Covid-19; from screening to vaccines to managing deteriorating patients. It was also adapted to the setting of a psychiatry inpatient hospital; for example inclusion of common interactions between psychiatry medications and Covid-19 treatment medications. Feedback showed 92% more junior doctors find the new guide "very helpful" and up to date.

Conclusions and next steps

To conclude, the aim of creating a comprehensive document that is up-to-date with current covid-19 management was achieved. It was agreed that the junior doctor representative at the hospital will ensure regular review of the guidance document in order to continue the QI project which will assess and improve the effectiveness of the guide as we navigate through the different phases of the pandemic.

17. Let's Get Moving! Improving physical activity amongst Rehabilitation patients

***Dr Ruth Rowland**, CT2 Psychiatry, Dr Laura Somerville, ST5 Psychiatry, Sarah Dorman, Occupational Therapist, Dr Mark Finnerty, Consultant Psychiatrist, South Eastern Health and Social Care trust*

Aims and Hypothesis

This Quality Improvement Project aimed to improve physical activity amongst patients in a 16-bedded, low secure unit in the Downshire Hospital, Northern Ireland. We introduced an exercise programme with aim of increasing minutes of physical activity per week. Secondary outcome measures were weight, mood and energy levels.

Background

This project took place in the context of Covid-19 restrictions reducing opportunities for off-ward activity and staff noting subsequent deconditioning and weight gain amongst patient cohort. Cohort consisted largely of patients with a severe mental illness, many of whom had physical health co-morbidities.

Methods

This project included all patients in the 16-bedded unit. Baseline data was collected prior to programme introduction, including weekly activity levels and weights. A questionnaire explored patient confidence and attitude towards physical activity. Focus groups were held with patients and staff in order to identify how best to introduce the programme, discuss content, and identify potential barriers. We introduced an eight-week programme of weekly, thirty-minute, mixed ability exercise sessions. These were led collectively by the multi-disciplinary team. Patients actively participated in programme design; choosing session soundtracks and contributing to content planning. Likert scales were used to measure self-report mood and energy levels pre- and post-session. Staff engaged in a weekly post session de-brief, where challenges were identified and solutions suggested. Weekly qualitative feedback was sought from participants. The sessions were thus developed and adapted according to patient and staff feedback over the programme's course. Following the 8-week programme, activity levels and weight were re-measured and compared to baseline. Pre-programme questionnaires were also repeated.

Results

Patients reported increased enjoyment and confidence engaging in physical activity, as well as improved overall self- confidence and a sense of pride and ownership of the sessions. Staff reported a more cohesive team environment, greater sense of work-place fulfilment and improved therapeutic relationships. Comparing pre and post session ten-point-Likert scales showed a 153% mean increase in self-rated energy levels and a 98% mean increase in self-rated mood. This reflected a mean score increase of 3.8 in both. Minutes of physical activity per week increased for all session participants, although remained below national guidance. Weight reduction did not occur.

Conclusions and next steps

Exercise benefits physical health and emotional and psychological well-being. This project demonstrates how introduction of a weekly ward-based exercise class offers this as well as improving working environment, team cohesion and therapeutic relationships. Weight reduction may be observed in the longer term.

18. Migration in psychiatry trainees in the United Kingdom: results from a cross-sectional survey

Dr John Tweed*, Core Trainee, SLaM NHS Foundation Trust, Kevin Holmes, Former Doctor, Previously Avon and Wiltshire Mental Health Partnership NHS Trust, Dr Mariana Pinto da Costa, SLaM NHS Foundation Trust, IoPPN King's College London, Institute of Biomedical Science, Abel Salazar University of Porto*

Aims and Hypothesis

This study aimed to explore the migratory patterns of UK psychiatry trainees: both past experiences and future intentions. We hypothesised that the UK would be a net recipient of overseas psychiatric trainees and that factors driving migration would differ between trainees originally from the UK and those from overseas.

Background

There is demand for psychiatrists worldwide. What is more, the net flow of psychiatrists from low- to high-income countries exacerbates health inequalities. Understanding the 'push' and 'pull' factors for migration of psychiatric trainees is therefore important for equitable provision of services at both national and global levels.

Methods

This is a cross-sectional survey conducted as part of the Brian Drain Study led by the European Federation of Psychiatric Trainees. Semi-structured self-administered questionnaires were distributed to psychiatry trainees in the UK between 2013 and 2014.

Results

There were 166 responses to the survey. Over one third of surveyed trainees were born overseas. One-third had short-mobility experience living overseas for three to twelve months, and about one-third for over one year. Academia was the biggest 'pull' factor for trainees who had migrated to the UK, but amongst all trainees personal factors were most important. Most trainees had ever considered leaving the UK, but only a minority were currently planning towards emigrating or intended to do so in the next five years. Past short-mobility experiences were associated with having ever considered leaving the UK.

Conclusions and next steps

This study confirms the UK as a major destination for psychiatry trainees and found that academia was the most important 'pull' factor for overseas trainees but personal reasons were paramount amongst all trainees. Previous mobility experiences may be associated with future migratory intentions.

19. A pilot meta-analysis on concussion-related sleep disturbances

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Aims and Hypothesis

Aims and hypothesis: Is there a link between sport-related concussion and subsequent short-term sleep problems in adolescents? How does concussion impact sleep duration and quality? Our Pilot meta analysis aimed to explore whether adolescents might be at increased risk of sleep disturbances after they suffer from concussion and to measure and quantify the effects of those sleep disturbances.

Background

Background: Fatigue and poor sleep have been shown as factors of post-concussive symptoms. However the extent to which sleep is affected by concussion has not been fully measured in the adolescent population. Our initial pilot study explores the relationship between concussion and sleep, to serve as a pilot for a full scale systematic meta-analysis that we are conducting.

Methods

Methods: We searched the following databases MEDLINE, EMBASE, CINAHL, Web of Science, PsycINFO, Cochrane Central Register of Controlled Trials, MedNar and OAIster with the search terms: sleep, concussion, mild traumatic brain injury, college/university and sports. Only studies using the Epworth sleepiness scale (ESS) and the Pittsburgh sleep quality index (PSQI) were included. Studies were excluded if they included non-human animals, patients with other neurological conditions or military personnel. Two researchers performed the filtering independently.

Results

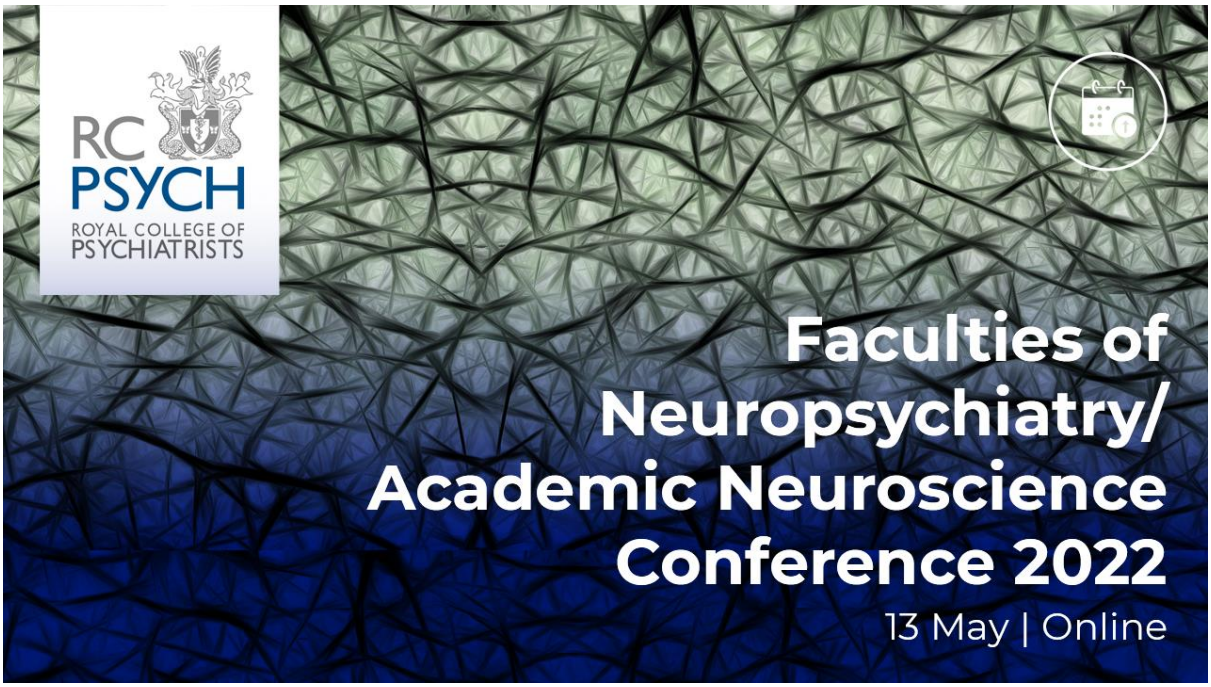
Results: Our search produced 4460 results. We removed 834 duplicates and examined a random subset of 8 studies that met our exclusion criteria as a pilot study. Our analysis totalled 1086 participants (683 concussed). Using a random-effects model containing 4 studies per outcome test, we found that concussion was associated with increased Pittsburgh sleep quality index (PSQI) (standardised mean difference: 0.76, 95% confidence intervals [0.52, 1.01], $\tau 2$: 0.03, I2: 49.28%, p value < 0.0001), and Epworth sleepiness scale (ESS) (standardised mean difference: 0.47, 95% confidence intervals [0.24, 0.70], $\tau 2$: 0.02, I2: 42.56%, p value < 0.0001).

Conclusions and next steps

Conclusions: Our results suggest a diagnosis of concussion or mild traumatic brain injury is associated with lower sleep quality, as measured by PSQI, and sleepiness as measured by ESS, in this population. Further analyses of the rest of our dataset, covariates of the studies, verifications of the updated literature and assessments of the quality of each study are required. Our research team at the International Sleep Charity is conducting a follow up systematic-review, to investigate these initial findings with a larger database of studies and the broader remit of adolescents. No funding/financial conflicts-of-interest declared.

Upcoming Events


RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS
CBT in Practice: Managing Anxiety
11 May 2022 | 21 Prescot Street


RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS
Faculties of Neuropsychiatry/ Academic Neuroscience Conference 2022
13 May | Online


RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS
Faculty of Liaison Psychiatry Conference 2022
18 - 20 May | Online