

EW0223

Improving recruitment in psychiatry: The impact of a psychiatry summer school on attitudes towards psychiatry in medical students and foundation doctors

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Introduction In 2011, the Royal College of Psychiatrists in UK published a five-year plan to boost recruitment to a 95% fill rate for core training posts. Psychiatric summer schools were one of the methods outlined to improve recruitment. These are 3-day courses allowing attendees to explore different subspecialties and showcase inspiring psychiatrists who are leaders in their field.

Aims To evaluate whether attending a Psychiatry Summer School improves scores on the attitudes towards Psychiatry Scale (ATP-30) in Medical Students (MS) and Junior Doctors (JD).

Methods Two free courses were held; one for MS in August 2016 and one for JD in November 2015. These involved interactive talks from consultant psychiatrists in various sub-specialties and a day in a forensic setting. All attendees were asked to complete ATP-30 before and immediately after attendance. A higher ATP-30 score indicates a more positive attitude the minimum score is 30 and the maximum is 50. Paired scores were analysed using a paired *t*-test.

Results Thirty-three out of 45 attendees completed ATP-30 MS (*n*=20/24) and JD (*n*=13/21) before and after the course. The mean ATP30 score was 116 before attendance and 128 after the course, the mean difference was +12. When the two samples were compared using a paired *t*-test, there was a significant positive difference *P*<0.0005.

Conclusions Psychiatry summer schools can improve attitudes towards psychiatry in medical students and junior doctors.

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EW0224

Difference in cognitive emotional regulation strategies used by mothers with conflict and barrier personal meaning of child's illness

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Introduction A number of studies have noted a high level of symptoms of depression and anxiety in mothers bringing up children with burn injury. The emergence of such symptoms show high importance of child's disease situation to mother and suggests the formation of a special personal meaning of child's illness for mother (conflict or barrier). The aim of this study is to describe specific patterns of mothers responding on the situation of the child burn injuries : special cognitive emotion regulation strategies and personal meaning of illness.

Methods Clinical interview to assess personal meaning of illness, State Trait Anxiety Inventor, Cognitive Emotion Regulation Questionnaire.

Participants Twenty-eight mothers (aged between 22 to 43 years), children received burn 5-7 days ago ; 2 mothers (aged between 24 to 37 years), children had burns over a year ago.

Results We found a strong correlation between using certain strategies of cognitive emotion regulation and different personal meaning of child's illness : mothers with a conflict meaning characterized by using of « Ruminantion » and « Self-Blame » strategies ; mothers with barrier meaning – « Refocus on planning ». This connection is maintained throughout the child's illness and does not depend on medical specialties. A number of strategies of cognitive emotion regulation are used by all mothers at different stages of the child's illness, regardless of the mother's personal meaning of illness : immediately after injury the most popular strategies are "Catastrophizing" and « Self-Blame » ; in the long-term rehabilitation – « Putting into perspective » is the most common one.

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EW0225

The role of cognitive insight in reduction of positive symptoms in youth with ultra-high risk for psychosis

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Introduction Cognitive insight was shown to be impaired in schizophrenia while its high level predicts improvement of psychotic symptoms. However, later studies demonstrated that in other mental disorders and healthy subjects cognitive insight might play ambiguous role being related to anxiety and lack of self-confidence.

Objectives Development of clinical criteria for high and ultra-high risk for psychosis allows to study the role of cognitive insight in these patients.

Aims The aim was to examine the role of cognitive insight in different clinical groups of youth with ultra-high risk for psychosis.

Methods Seventy-six male patients 16–25 years old with non-psychotic mental disorders (with preliminary diagnoses of mood disorders – 30, personality disorders – 25, schizotypal disorder – 21 patients) meeting criteria of ultra-high risk for psychosis and 55 healthy male controls filled Beck Cognitive Insight Scale, Symptom Checklist 90-R. The Scale of Prodromal Symptoms was used twice upon hospitalization and after 1-month period.

Results Moderation analysis reveals that in patients with preliminary diagnoses of mood disorders and schizotypal disorder cognitive insight is related to higher anxiety and obsessiveness and to poorer improvement on SOPS and positive symptoms. In patients with symptoms of personality disorders, it predicts better symptoms improvement.

Conclusions Results demonstrate importance of differentiation of the functions of cognitive insight in different patients with ultra-high risk for psychosis both in clinical psychological assessments and CBT.

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