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**Aims.** Anecdotally, NHS staff feel unsupported in breastfeeding when returning to work from maternity leave. The NHS provides clear guidance to employers about provisions required for breastfeeding employees (clean lockable room, adequate time, clean fridge). We aimed to establish if these provisions were provided for NHS staff, and to further explore the difficulties reported.

**Methods.** We conducted a pilot study of NHS doctors, exploring their experiences of feeding on returning to work. The results highlighted difficulties for many of the 519 cases. We extended the study to encapsulate the experiences of all NHS professionals.

The survey was distributed via various professional social media accounts.

**Results.** We received 1201 responses.

- 79% of women were breastfeeding when they returned to work. 59% wished to continue on return.
- 78% of women were unaware of the local breastfeeding policy. Of those that were, only 7% were informed of the policy by their employer.
- 90% of women were unaware that they needed to inform their employer of their intention to breastfeed.
- Only 6% of women had a breastfeeding risk assessment on their return to work.
- Basic requirements were not consistently met (50% did not have access to a lockable room, 51% to a fridge, 69% to adequate time).
- 55% were interrupted whilst expressing.
- 23% of women expressed in changing rooms; 32% in toilets; 25% in their cars; 15% in cupboards.
- 88% of women did not have their duties adapted. 91% regularly held the bleep whilst expressing.
- 52% of women reported embarrassment and humiliation at work. 60% reported stress directly due to their difficulties expressing, with a further 15% experiencing mental health problems. 10% of women felt their experiences negatively affected their bond with their child.

**Conclusion.** Only 1% of UK mothers continue to breastfeed at six months. There is a huge NHS drive to improve this statistic. 76.7% of NHS staff are women. These women are also NHS patients. NHS breastfeeding guidelines are not being consistently followed within the organisation. There is a direct impact on mother and child, and on patient care.

We must support our NHS family, create a positive breastfeeding culture, and lead UK change.

“I was ridiculed... it set me apart from my colleagues.”

“Resigning was my only option.”

“Subject to eye rolls and whispers... rude, unsupported and unkind.”

“He unlocked the door and walked in while I shouted “stop”.”

## What Does Current Literature Tell Us About the Mental Health of Looked After Children?

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**Aims.** Looked after children (LAC) are one of the most vulnerable groups in our society. Often, after experiences of neglect and abuse, they are more likely to experience poor mental health, attachment difficulties and problems in educational progress. This review aims to explore literature published over the past decade which addresses the mental health needs and management of LAC within CAMHS in the UK.

**Methods.** A literature review was performed in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2009 structure. Selection criteria was used. The total number of papers identified after this initial search was thirty-six across the database.

Literature titles and abstracts were then screened to exclude papers with an irrelevant focus. Full-texts of the remaining twenty-two papers were then assessed for relevant and conclusive information. The total number of full papers included in the research was thirteen.

To analyse the literature identified, a framework of three themes has been highlighted. These include:

- the mental health needs of LAC,
- factors relevant to the assessment of LAC in mental health services
- considerations associated with the management of LAC with mental health conditions.

**Results.** Mental health needs of LAC included numerous emotional, behavioural and social problems. These were largely focused around substance misuse, emotional disorders and poor relationships with peers.

The main themes which have come out of research in relation to the treatment of LAC include:

- the importance of supporting healthy social relationships with primary care-givers, peers and teachers
- maximising the informal support of family, friends and pets
- the provision of early, holistic and flexible mental health services, rather than disjointed agencies

**Conclusion.** The literature published over the past decade has indicated the great number of adverse outcomes amongst LAC and has made useful suggestions for the assessment and treatment of these children within a CAMHS setting.

Through targeted support into residential placements, offering intensive and direct psychological input at an early stage and continuing even after they have been adopted, as well as, working alongside schools to promote peer interaction could significantly reduce the adverse outcomes of LAC.

Additionally, by referring patients along with their carers for psycho-education can be extremely beneficial. Alongside this, the young people ought to be directed to support groups with other LAC to meet peers who are in similar situations as themselves.

## Psychiatric Morbidity Among the Patients of First Ever Ischaemic Stroke

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**Aims.** To evaluate psychiatric morbidity among the patients of first ever ischemic stroke

**Methods.** This sectional comparative study was carried out in the Department of Psychiatry, Sylhet MAG Osmani Medical College Hospital, Sylhet during the period from 1st July 2013 to 30th June 2014. Sixty six ischaemic stroke patients of first attack between 2 weeks to 2 years of stroke, aged above 18 years irrespective of sex and 66 accompanying healthy person of the patients and other patients without any kind of stroke matching age and sex fulfilling inclusion and exclusion criteria were taken in Group-A and Group-B respectively. Diagnosis of ischaemic stroke was made in these patients by the consultant neurologists reviewing the history, clinical examination and accompanying investigations