

medication reviews took place within the timeframe written in the patient's notes. A proforma was initiated and used for 93% of patient handovers between wards. Blood results were checked according to the planned timeframe in 86% of cases. Where the handover proforma took place, 100% of patients had a medication review. Qualitative detail revealed that key patient appointments such as MRI Brain scans and important plans such as fluid restriction limits were missed before implementing the protocol. Afterwards complex patient plans were recorded and implemented accordingly.

Questionnaire feedback was positive and MDT found the proforma to be helpful and to improve patient safety.

Conclusion. The team viewed the new handover pathway as a positive patient safety tool. Compliance with completing the protocol in the longer term and maintaining change is an area for ongoing improvement.

Exploring determinants of self-management in adults with severe mental illness: a qualitative evidence synthesis

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Aims. To systematically review and synthesise qualitative evidence about determinants of self-management in adults with SMI. The goal is to use findings from this review to inform the design of effective self-management strategies for people with SMI and LTCs.

Background. People living with serious mental illness (SMI) have a reduced life expectancy by around 15–20 years, mainly due to the high prevalence of long-term physical conditions such as diabetes and heart disease. People with SMI face many challenges when trying to manage their physical health. Little is known about the determinants of self-management – managing the emotional and practical issues – of long-term conditions (LTCs) for people with SMI.

Method. Six databases, including CINAHL and MEDLINE, were searched to identify qualitative studies that explored people's perceptions about determinants of self-management in adults with SMI (with or without comorbid LTCs). Self-management was defined according to the American Association of Diabetes Educators' self-care behaviours (AADE7). Determinants were defined according to the Capabilities, Opportunity, Motivations and Behaviours (COM-B) framework. Eligible studies were purposively sampled for synthesis according to the richness of the data (assessed using Ames et al (2017)'s data richness scale), and thematically synthesised.

Result. Twenty-six articles were included in the synthesis. Seven studies focused on self-management of LTCs, with the remaining

articles exploring self-management of SMI. Six analytic themes and 28 sub-themes were identified from the synthesis. The themes included: the additional burden of SMI; living with comorbidities; beliefs and attitudes about self-management; support from others for self-management; social and environmental factors; routine, structure and planning. Capabilities for self-management were linked to people's perceptions about the support they received for their SMI and LTC from healthcare professionals, family and friends. Opportunities for self-management were more commonly expressed in the context of social and environmental factors. Motivation for self-management was influenced by beliefs and attitudes, whilst being closely related to the burden of SMI.

Conclusion. The themes identified from the synthesis suggest that capabilities, opportunities and motivations for self-management can be negatively influenced by the experience of SMI, whilst social and professional support, improved access to resources, and increased involvement in care, could promote self-management. Support programmes for people with SMI and LTCs need to account for these experiences and adapt to meet the unique needs of this population.

Experience of tele-psychiatry during COVID-19 amongst doctors working in a mental health trust: A survey

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Aims. There is paucity of information about perspectives of psychiatrists about telemedicine practice during COVID-19 pandemic. It was intended to explore the experience of doctors using tele-psychiatry for provision of clinical care during the COVID-19 pandemic in a Mental Health Trust covering four cities in West Midlands, UK.

Method. The study was conducted as an anonymized questionnaire survey. A 10-item questionnaire was designed with items related to the clinical outcomes, challenges and provider satisfaction when using tele-psychiatry. It had mostly yes/no dichotomous responses along with the scope for making additional comments for each question. An online link of the questionnaire was sent via email to doctors of all grades working across the Black Country Healthcare NHS foundation Trust, in the West Midlands. The survey was open between July and October 2020; and monthly reminders were sent.

Result. The questionnaire was sent out to 159 doctors and 34 responded (response rate of 21.3%). Just over 50% had used both telephone and video consultations, whereas 47.1% responders had used telephone only. More than half (55.8%) reported that the tele-psychiatry affected clinical outcomes; and it was considered positive in around half (52.9%). Most (73.5%) of the responders found that limitations or challenges of using technology impacted on delivery of care remotely. However 64.7% psychiatrists were satisfied with the process overall; and 79.4% reported that they would like to use tele-psychiatry in the future as well.

Survey captured many observations from the psychiatrists. Positive comments from the psychiatrists included expedited delivery of care, reduced non-attendance rates, as well as successful multidisciplinary meetings. Challenges in specific subspecialties such as Child and Adolescent Psychiatry or Older Adult psychiatry were reported where complete assessments were not achieved successfully. The process was felt to be

appropriate in general for stable or follow-up patients in comparison to new or acutely unwell patients. There was some worry expressed about missing out non-verbal cues which assist with mental state examination.

Conclusion. In spite of a low response rate, the survey provided some understanding about the experience of doctors practicing tele-psychiatry during pandemic. While technological challenges were acknowledged, tele-psychiatry seemed to have been accepted by a majority of doctors who are also willing to continue it in their future clinical practice. There is a need to explore in a larger sample involving both patients and clinicians about the beneficial effects of tele-psychiatry that can be incorporated in the usual psychiatric practice.

Revisiting vitamin D status and supplementation for inpatients with intellectual and developmental disability in the north of England, UK

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Aims. Vitamin D deficiency is common among people with Intellectual and Developmental Disability (IDD) and is linked to worse health outcomes.

Our aims were to re-evaluate vitamin D testing and supplementation among inpatients with IDD, examine any correlates with physical health conditions including COVID-19 and make recommendations for the current regime of supplementation and testing within inpatient IDD services.

Method. The study population comprised inpatients who were in any of the Northgate Hospital IDD inpatient services in Northumberland, UK. The wards sampled were the Medium Secure Unit, Low Secure Unit, Hospital Based Rehabilitation Wards and Specialist Autism Inpatient Service. Records of all inpatients between January 2019 and July 2020 were examined for 25-hydroxyvitamin D [25(OH)D] level, ward area, supplementation status, test seasonality, medication, and health status.

We performed a correlation to see whether there was an association between vitamin D level and length of time on treatment. In addition, comparison of the replete and inadequate group for age, ethnicity, seasonality, ward location and psychotropic medication was undertaken.

Data on physical health risk factors, obesity and COVID-19 infection were also collected. The physical comorbidities were described in order to evaluate whether any emerging patterns relating to COVID-19 infection were emerging.

Result. There were 67 inpatients in Northgate IDD services on 1 January 2019, with 11 further patients admitted up to the end of the sampling period on 31 July 2020. Nineteen patients were discharged during that period, so the sample comprised 78 patients.

Ages were comparable across three of the ward areas, except for an older group of patients in the hospital-based rehabilitation setting. Mean 25(OH)D level for supplemented (800IU/day) patients was 75nmol/l (SD 20) compared to 40nmol/l (SD 19) in the non-supplemented group ($p < 0.001$).

Thirty-eight percent of those who were inpatients during the first wave of the COVID-19 pandemic developed symptoms, but the small sample size could not establish vitamin D levels as a predictor of outcome.

Conclusion. Our findings show that clinicians continue to offer vitamin D supplementation for inpatients, at a dose of 800IU (20µg) per day.

The mean vitamin D levels we observed were higher for those on supplements compared to our 2013 baseline data, whereas patients not on supplementation now had levels akin to those found previously. Vitamin D (800IU/day) supplementation is effective but adequacy of the nationally recommended dose of 400IU/day is unclear. Links to COVID-19 merit further research.

Investigating Transcranial Direct Current Stimulation (tDCS) in obsessive compulsive disorder (OCD): a double-blind, sham-controlled, cross-over randomised trial

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Aims. Obsessive Compulsive Disorder is a disabling and difficult-to-treat condition, new treatment options are needed to improve health outcomes. Transcranial Direct Current Stimulation, a non-invasive form of neurostimulation, has shown positive results in a small number of studies as a safe and potentially efficacious treatment for OCD. There nevertheless remains uncertainty about the optimal stimulation protocol, magnitude and duration of effect, acceptability, tolerability and practicality of applying tDCS clinical settings. As existing data are inadequate to support a full-scale trial, we will deliver a feasibility study to address key research questions and knowledge gaps to enable the design and the development of the most efficient, cost effective, definitive trial.

Method. We designed Feasibility And Acceptability Of Transcranial Stimulation In Obsessive Compulsive Symptoms (FEATSOCS), a double-blind, sham-controlled, cross-over randomised multicentre study in 25 adults with OCD. We will stimulate the two most promising cortical sites, the orbitofrontal cortex (OFC) and the supplementary motor area (SMA). Each participant will receive three courses of tDCS (SMA, OFC and sham), randomly allocated, given in counterbalanced order. Each course comprises four 20 minutes-stimulations, delivered over two consecutive days, separated by at least four weeks' washout period. Blinded raters will regularly assess clinical outcomes before, during and up to four weeks after stimulation using validated scales. We will include relevant neurocognitive tasks, testing cognitive flexibility, motor disinhibition, cooperation and habit learning.

Result. FEATSOCS trial is currently underway and recruiting. Owing to the impact of COVID-19, a recruitment extension has been granted. At the study end, we will analyse the feasibility outcomes, magnitude of the effect of the interventions on OCD symptoms alongside the standard deviation of the outcome measure to estimate effect size, and determine the optimal stimulation target. We will also measure the duration of the effect of stimulation, to provide information on spacing treatments efficiently. We