

positive impact a short course can have in promoting engagement in Psychiatry by students.

Method. An anonymous questionnaire was distributed amongst medical students, from years 1 to 5, in the College of Medicine, Alfaisal University, Riyadh, Saudi Arabia. Factors assessed in the survey included demographics, specialty ranking, acceptance ratios, role models and personal experiences, among others. Those who didn't express interest were asked about the lack of exposure to Psychiatry during medical school along with other influential factors that have been studied elsewhere, including those that we hypothesise to be of significance in our study population.

Result. A total of 153 students responded. Positive views towards Psychiatry increased linearly by year (50% in Year 1 to 90% in Year 5). 33% of students selected psychiatry as a top 3 choice with the most significant factors being a unique patient-doctor relationship ($P < 0.05$), and the challenges faced in the specialty (95%).

Of the 67% of students who did not prefer Psychiatry, insufficient exposure to ward experiences and the specialty as a whole were unanimously agreed upon factors. Other deterring factors included lack of instant gratification when treating a psychiatric patient (72%), and an underestimation by the non-medical community of a Psychiatrists role (26%).

Conclusion. Our findings give an optimistic view towards the future of Psychiatry in the region, given the large number of students (33%) who consider it in their top 3 choices for a career. However, a larger number of students continue to have a negative view towards Psychiatry, especially due to the lack of exposure to the specialty during medical school. The factors identified in our study should be tackled by medical schools or curriculum provision authorities, as this has shown to be of benefit in studies in other parts of the world.

The impact of psychiatry school on attitudes towards psychiatry in medical students and junior doctors in Pakistan

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Aims. To assess the impact of Psychiatry School on the attitudes towards psychiatry in Pakistani medical students (MS) and junior doctors (JD).

Method. Inspired by the Royal College of Psychiatrists' 'Choose Psychiatry' campaign, an online event by the name of 'Psychiatry Autumn School Pakistan' was held on the 1st of November 2020. The event was promoted through social media and medical students and junior doctors from across Pakistan were invited to attend. Moreover, a panel of British and Pakistani psychiatrists belonging to different sub-specialties was invited to deliver talks. The attendees were provided an insight into psychiatry as a viable career option and were introduced to the training pathways, research opportunities, and the various sub-specialties present within the field.

Participants were requested to complete the 'Attitudes Towards Psychiatry' (ATP-30) questionnaires before and immediately after the event. Individual scores on the questionnaire can range from 30 to 150 and a high score indicates a positive attitude. Statistical analysis was performed using a paired t-test.

Result. 41 attendees (MS = 30, JD = 11) completed the pre-and post-school survey. The respondents were majorly female (76%) and from public sector universities (76%), with an average age of 23 years. The mean ATP score before the course was 119 (MS = 117, JD = 121) which increased by 9 points to 128 (MS = 126, JD = 131) after the event. When the two samples were compared using a paired t-test, the difference was statistically significant $p < 0.005$.

Conclusion. We conclude that a psychiatry school can positively influence attitudes towards psychiatry in medical students and junior doctors and our findings are consistent with similar studies done in other countries.

In Pakistan, unfortunately, only 2–4% of undergraduate students opt for a career in psychiatry owing to insufficient knowledge and awareness about the available treatment modalities and advancement in the field. Hence, such an intervention can greatly enhance recruitment within the profession as it makes psychiatry more accessible and visible as a career choice, generates awareness about the effectiveness and evolution of psychotherapeutic practices, and eradicates misconceptions about the field that prevail among young doctors.

This was the first psychiatry school held in Pakistan and the findings of the study as well the feedback received from the participants and the speakers motivate us to continue campaigning for 'Choose Psychiatry.'

Prevalence and correlates of depression and quality of life among primary caregivers of patients with schizophrenia attending a Nigerian Tertiary Hospital

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Aims. To determine the prevalence and correlates of depression and quality of life and their relationship among primary caregivers of patients with schizophrenia in a psychiatry specialist hospital.

Method. A total of 138 caregivers of patients diagnosed with schizophrenia attending the outpatient clinic of the Neuropsychiatric Hospital Aro, Abeokuta were recruited. Sociodemographic questionnaire, Mini International Neuropsychiatric Interview (MINI-PLUS) (depressive module) and World Health Organization Quality of Life-Bref (WHOQOL-Bref) were administered on the caregivers while Brief Psychiatric Rating Scale (BPRS) was used to measure symptoms severity in the patients.

Result. The mean (\pm SD) age of respondents was 48.3 years (± 14.7), 53.6% were females and 33.3% were without partners. The prevalence of depression among the caregivers who participated in the study was 13.8%. Female gender ($\chi^2 = 5.68$, $df = 1$, $p = 0.02$), hailing from a minority tribe ($\chi^2 = 9.78$, $df = 1$, $p < 0.01$), and Previous treatment for mental illness ($\chi^2 = 8.24$, $df = 1$, $p < 0.01$) were associated with depression. Female gender ($\beta = 1.35$, OR = 3.86, $p = 0.03$), minority tribe ($\beta = 1.95$, OR = 7.03, $p < 0.01$), and previous treatment for mental illness ($\beta = 3.19$, OR = 24.21, $p = 0.01$) were independently predictive of depression in the caregivers.

Independent predictors of lower quality of life (QOL) were: Parents/siblings relationship for social relationship domain ($\beta = -7.076$, $p = 0.037$) and spending more than 35 hours per week for Environmental domain ($\beta = -5.622$, $p = 0.028$).

Finally, a significant correlation was also found between Depression and Psychological Domain of QOL ($t = 3.048$, $p < 0.01$) and Social Domain of QOL ($t = 2.154$, $p = 0.03$).

Conclusion. This study shows that primary caregivers of patients with schizophrenia have high prevalence of depression and poor quality of life. There is need to pay attention to the psychological wellbeing and quality of life of caregivers who come in contact with psychiatric services, and not just the patients they accompany.

Management of medically unexplained symptoms (MUS): a stepwise integrated model between primary and secondary care management of medically unexplained symptoms (MUS): a stepwise integrated model between primary and secondary care

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Aims. Description of a model to improve care for patients with Medically Unexplained Symptoms (MUS) by small targeted investment and maximisation of existing resources.

Background. Treatment of MUS presents several challenges including a lack of clarity on the best models of care and limited service provision. Patients typically present with a physical complaint to physical health outlets: here limited confidence in professionals around how to address these often leads to poor patient/doctor experience, inappropriate use of resources and repeated attendance. Evidence shows that integration of care, psychological interventions and upskilling physicians in interventions such as positive communication, can significantly improve outcomes. Psychiatric Liaison Teams (PLT) are positioned at the interface of mental and physical health services and can play a crucial role for these patients, when provided with the right skill-mix.

Method. 1FTE Clinical Psychologist specialising in MUS was integrated into the PLT. Pathways to triage between primary, secondary psychology and the new service were agreed, alongside channels of communication and supervision. The job plan included integrated sessions in Gastroenterology, Rheumatology and PLT. The activities included: assessments, formulations and discharges; brief psychological interventions; group sessions for patients; one-day long courses to GP trainees and physicians, and input in specialities MDTs. Clinical outcomes, numbers of patients seen and signposted, teaching sessions and simulation training delivered were collected.

Result. Over 20 months the service was able to process 237 referrals, 35 were managed over the phone. Referral sources: Gastroenterology 32%, Rheumatology 37%, Psychiatric liaison 28%.

116 patients attended 315 face to face appointments and 21 phone contacts were made. Core-10 data show reduction from moderately severe to mild psychological distress in a sample of patients. 58% of patients were referred on for continuing care. The service ran 8 patient groups including sessions on pain management and joint sessions with Rheumatology. It ran 9 one-day long courses for GP and physician trainees, training a total of 120 doctors: feedback showed increased confidence in managing and recognising MUS. Attendances to Emergency Departments covered by Barking Havering and Redbridge and Bart's Health Trusts

combined (5 sites) reduced by 22%, saving an estimated £19,200, while ambulance usage in the cohort dropped by 29%, saving an estimated £9072.

Conclusion. The integration of a specialist psychologist with a mix of educational, advisory and clinical role to a PLT can provide an effective and efficient stepped-up model to increase the provision of care for patients with MUS

Identifying perinatal self-harm in electronic healthcare records using natural language processing

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Aims. 1.To generate a Natural Language Processing (NLP) application that can identify mentions of perinatal self-harm among electronic healthcare records (EHRs)

2.To use this application to estimate the prevalence of perinatal self-harm within a data-linkage cohort of women accessing secondary mental healthcare during the perinatal period.

Method. Data source: the Clinical Record Interactive Search system. This is a database of de-identified EHRs of secondary mental healthcare service-users at South London and Maudsley NHS Foundation Trust (SLaM). CRIS has pre-existing ethical approval via the Oxfordshire Research Ethics Committee C (ref 18/SC/0372) and this project was approved by the CRIS Oversight Committee (16-069). After developing a list of synonyms for self-harm and piloting coding rules, a gold standard dataset of EHRs was manually coded using Extensible Human Oracle Suite of Tools (eHOST) software. An NLP application to detect perinatal self-harm was then developed using several layers of linguistic processing based on the spaCy NLP library for Python. Evaluation of mention-level performance was done according to the attributes of mentions the application was designed to identify (span, status, temporality and polarity), by comparing application performance against the gold standard dataset. Performance was described as precision, recall, F-score and Cohen's kappa. Most service-users had more than one EHR in their period of perinatal service use. Performance was therefore also measured at "service-user level" with additional performance metrics of likelihood ratios and post-test probabilities. Linkage with the Hospital Episode Statistics database allowed creation of a cohort of women who accessed SLaM during the perinatal period. By deploying the application on the EHRs of the women in the cohort, we were able to estimate the prevalence of perinatal self-harm.

Result. Mention-level performance: micro-averaged F-score, precision and recall for span, polarity and temporality all >0.8 . Kappa for status 0.68, temporality 0.62, polarity 0.91. Service-user level performance: F-score, precision, recall all 0.69, overall F-score 0.81, positive likelihood ratio 9.4 (4.8–19), post-test probability 68.9% (95%CI 53–82).