

Result. The results of this project demonstrated a total reduction in hypnotic tablet administration was very significant with a 44.5% reduction post intervention.

Conclusion. This demonstrates the positive change in our clinical practice that has resulted from our interventions. This will improve patient safety and reduce cost of hypnotic medications for the NHS. Following on from this initial intervention, we feel that we can continue to make further changes and expand the changes we made on this ward, to other similar wards in our hospital, trust and to other inpatient psychiatric wards further afield.

A qualitative study of foundation year two (F2) doctor's attitudes towards psychiatry carried out in Northern Ireland

Michael Doris^{1*}, Kathryn Mitchell¹, Damien Hughes¹, Lorraine Parks² and Angela Carragher²

¹Belfast HSC Trust and ²South Eastern Health and Social Care Trust
*Corresponding author.

doi: 10.1192/bjo.2021.111

Aims. Recruitment into psychiatry is a major issue nationally. Northern Ireland (NI) consistently punching above its weight with psychiatry recruitment - in a region that only attracts 31.8% of F2s to enter into any training programme, Core psychiatry has been consistently oversubscribed. Here we look to examine the experiences of F2s in NI, including those who have had a placement in psychiatry and those who have not - what can we learn from NI?

Background. The exposure to psychiatry during the F2 year is a crucial time for recruitment to psychiatry. In NI, where there has been an 100% fill rate at core training level for many years, trainees and consultants have pointed towards a positive experience in the F2 year.

Method. Questionnaires were given out at a sample of F2 Generic Skills sessions, gathering a range of quantitative and qualitative data. A representative sample of over half of current F2s wrote about their preconceptions and experiences of psychiatry, whether they had worked in it or not. An a priori approach was taken towards generating codes as part of a framework analysis from which 4 major themes were identified.

Result. 93/148 F2 doctors who were approached responded to the survey of which 36.6% had experienced a Foundation placement in psychiatry. Major qualitative themes that emerged were exposure to psychiatry, the nature of working in psychiatry, being valued and stigma. Doctors who had an F2 placement were much more likely to be willing to pursue a career in it, regardless of whether they had been allocated a placement with psychiatry by choice or not.

Conclusion. This survey adds to the literature that exposure to psychiatry in undergraduate and postgraduate level has a huge role in shaping attitudes towards the specialty of psychiatry, and indeed the likelihood of a foundation doctor going on to become a psychiatry trainee. Stigma in the medical profession towards mental illness and psychiatry remains prevalent.

Benefits observed in an inpatient MDT programme for FND are not associated with medication use or previous therapies

Thomas Elliott^{1*} and Michael Elmaleh²

¹Camden and Islington NHS Foundation Trust and ²National Hospital for Neurology and Neurosurgery

*Corresponding author.

doi: 10.1192/bjo.2021.112

Aims. The National Hospital for Neurology and Neurosurgery provides various services for patients with Functional Neurological Disorder (FND), including a four-week inpatient rehabilitation programme run by an integrated Multi-Disciplinary Team (MDT) of Occupational Therapists (OT), Physiotherapists (PT), Psychologists and Psychiatrists.

We had observed that patients with FND often have medical and psychiatric comorbidities including affective, dissociative, somatic symptom and pain disorders; pharmacological treatments are commonly used. We hypothesised that a high burden of medication, particularly of those which produce dependence, might limit one's ability to entrain therapeutic strategies and therefore benefit from treatment. We additionally hypothesised that patients who had previously tried individual physical or psychological therapies might gain less than those who were treatment-naïve.

Method. In this service evaluation project, we reviewed records from 97 consecutive elective inpatient admissions, comprising the entire intake for 2019 and 2020. Data were extracted from the inpatient discharge summary and therapies discharge report of each patient. We recorded which therapies for FND patients had previously tried (OT; PT; Speech and Language Therapy; Psychology; Pain Service) and the classes of medications they were taking on admission (opiates; benzodiazepines; antidepressants; mood stabilisers; antipsychotics; gabapentinoids). We compared the differentials in outcome measures recorded on the first and last day, including the Canadian Occupational Performance Measure (n = 79) and EQ-5D-5L (n = 79). Statistical tests of effect size and significance were done using SPSS-25. Group comparisons of EQ-5D-5L were made with Paired t-tests; all other comparisons were done with Wilcoxon signed-rank tests due to non-normal data.

Result. The most common medications used were antidepressants (72%), gabapentinoids (39%), opiates (36%) and benzodiazepines (25%). 69% of patients had tried PT, 57% psychology and 52% OT, while only 13% were treatment naïve. Whole-cohort analysis revealed highly significant improvements (p < 0.001) in occupational performance, satisfaction, ratings of general health, subjective difficulty in performing tasks and in pain and fatigue levels. We found no significant differences in outcome measures that correlated with past therapies or medication use.

Conclusion. Our analysis shows that the great majority of our patients gained meaningful benefits from their admission, both on clinician-rated metrics of occupational performance and patient-rated measures of subjective improvement. That there was no significant relationship with therapies or medications suggests, promisingly, that patients taking various medications and with suboptimal responses to previous therapy can still benefit from our MDT programme. Limitations include correlational design, limited generalisability to the general population, missing data for certain outcome measures and the absence of follow-up data.

To resuscitate or not to resuscitate; a question for old age psychiatrists

Liam Embliss* and Mohan Bhat

Goodmayes Hospital, North East London NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.113

Aims. The inpatient population of an older adult psychiatric ward will include people with physical and mental health conditions which affect life span and quality of life. Patients may be frail, acutely unwell, or have terminal illnesses such as dementia. It is

therefore essential that clinicians review resuscitation status as part of their routine practice. However, we are aware that advanced decision-making – to resuscitate or not to resuscitate – is not routine practice across older adult psychiatric wards in the UK. Our 2017 audit reflected this, demonstrating a very low rate of resuscitation decisions at NELFT.

This re-audit aimed to measure the frequency and quality of resuscitation decisions on an older adult psychiatric ward. We expected improvements in these areas, subsequent to changes implemented from the initial audit. We also sought to identify which patient factors influenced clinicians' decision-making on resuscitation.

Please note, this audit was completed prior to the COVID-19 pandemic.

Method. In June 2017, an audit of 25 patients admitted to two older adult psychiatric acute wards was completed. In December 2019, a retrospective analysis of the last 25 admissions to one older adult ward was undertaken. Electronic patient notes and DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) orders were examined. The audit measured frequency of resuscitation decisions and quality of documentation against current standards. DNACPR orders were analysed and clinicians were interviewed to identify the reasons for such decisions.

Result. There was an increase in the number of patients for which resuscitation decisions were made, from 4% in 2017 to 40% (n = 10) in 2019. The majority of patients with a DNACPR decision (n = 8) had a diagnosis of dementia. Prospective quality of life, with this diagnosis, was the most frequent determinant of DNACPR decisions (n = 7). Qualitative analysis indicated that clinicians were more likely to consider a resuscitation decision for patients with an organic disorder rather than functional disorder.

Adequate completion of DNACPR orders was seen in each case. Either the patient, a family member or carer was involved in every decision. The standard for recording decisions on the electronic patient record was not met.

Conclusion. It is good practice to consider resuscitation decisions for patients admitted to older adult psychiatric wards. This re-audit found an improvement in frequency of resuscitation decisions and also revealed differences in decision-making for patients with organic and functional disorders. Implementation of further change is indicated; decision-making can be improved through reflection, teaching, changes to practice, and technologies.

Maternal stress in pregnancy and child autism spectrum disorder: evaluating putative causal associations using a genetically informed design

Mohamed Essam Gamil Abdelrazek^{1*} and Frances Rice²

¹Cardiff University and ²Wolfson Centre for Young People's Mental Health, Section of Child and Adolescent Psychiatry, Division of Psychological Medicine and Clinical Neurosciences, Cardiff University

*Corresponding author.

doi: 10.1192/bjo.2021.114

Aims. Prenatal adversity is hypothesized to increase risk of Autism Spectrum Disorder (ASD) via epigenetic changes. Maternal stress in late pregnancy may alter offspring neurodevelopmental outcomes by disrupting a unique period of rapid neurogenesis. Observational studies reporting an environmentally mediated programming pathway face challenges in drawing causal inferences including passive gene-environment correlation. This project aims to use a quasi-experimental genetically informed design to assess if reported correlations between maternal prenatal

stress and offspring ASD traits were due to maternally inherited factors or consistent with a potentially causal prenatal exposure effect. No previous cross-fostering studies have assessed the effects of prenatal stress on childhood ASD.

Method. This study used an in-vitro fertilization cross-fostering sample with pregnant mothers related (n = 365) or unrelated (n = 111) to their offspring (mean age = 9.84 years). Prenatal stress was assessed using a subjective Likert scale during pregnancy. Questionnaires examined maternally rated offspring ASD traits using the Social and Communication Disorders Checklist. Birth weight and gestational age from medical records were used as comparison outcomes to validate the measure of stress as evidence suggests they are influenced by environmental factors. Correlations from multiple regression models were examined in relation to magnitude of effect size as well as significance. This is partly due to small sample size and that cross-fostering designs rely on comparing magnitudes of associations between related and unrelated groups. An interaction term was used to test the difference in the strength of association between related and unrelated mother-child groups.

Result. Subjective assessment of prenatal maternal stress showed construct validity as it was associated with low birth weight ($\beta = -0.297$, $p = 0.005$) and reduced gestational age ($\beta = -0.320$, $p = 0.001$). Subjective late pregnancy stress was associated with increased offspring ASD traits in the whole sample ($\beta = 0.089$, $p = 0.073$) and in the related ($\beta = 0.045$, $p = 0.424$) and unrelated mother-child ($\beta = 0.233$, $p = 0.029$) subgroups. Non-significant interaction terms demonstrated that the mechanisms underlying the association between maternal stress and ASD and birth outcomes are likely to be similar and environmentally driven in the different conception groups.

Conclusion. Findings demonstrate the utility of genetically informed designs in disentangling inherited factors from environmental influences in the study of prenatal risk factors. Correlations between maternal prenatal stress and offspring ASD being present in both related and unrelated mother-child groups indicate an environmental link that is consistent with a potential causal effect. Associations detected are of imperative use for clinicians and policymakers, as they can guide the implementation of early psychosocial care for families at high liability.

A different perspective: using interactive virtual reality (IVR) for psychiatry training

Huw Evans^{1*}, Sophie Young¹, Josh Whitehurst¹, Abdul Madadi² and Joanne Barton³

¹Midlands Partnership NHS Foundation Trust; ²Shrewsbury and Telford NHS Trust and ³North Staffordshire Combined Healthcare NHS Trust

*Corresponding author.

doi: 10.1192/bjo.2021.115

Aims. To evaluate the potential of interactive virtual reality in teaching and training Postgraduate Psychiatry Trainees in the Keele Cluster

Background. Face to face supervised clinical experience will always be the best way to train and learn, followed by using simulated patients in practice scenarios allowing a safe environment in which to practice and train without risk. However, the practicalities of a busy NHS often mean that the expense and time required for both of these are not possible and often PowerPoints and handouts in induction are used to prepare new starters in Psychiatry, which is clearly suboptimal.