

SCL 90 (Psychopathology), Addenbrooks scale (Neuro Cognitive impairment), socio demographic proforma which included vaccination status, pulmonary involvement and medical interventions.

The data were analysed by SPSS and compared with matched control group and the following statistical tools were used - independent t test, spearman's rho, chi square test, linear regression analyses and z test.

Results. The results of our study do not indicate any statistically significant differences in the psychosocial parameters (depression, anxiety, psychopathology and quality of life) between case and control group.

Neurocognitive deficits not statistically significant in study population.

Delirium experienced during admission process and vascular insult such as stroke significant in case versus control group.

Conclusion. Our study indicates that COVID-19 does not have any significant psychological or neurocognitive impact.

Our study was one of the few interview based studies conducted on COVID recovered patients.

Certain studies collected data from emergency room case records / meta analysis to suggest that COVID-19 may have a psychological sequel in the long term.

Our study and similar interview based studies contradict this hypothesis.

Development of a mHealth Intervention (TechCare) for First Episode Psychosis: A Focus Group Study With Mental Health Professionals

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Aims. Research in the area of mHealth, has shown much promise in the development of mobile phone interventions which look at the assessment and treatment in real-time of psychiatric disorders. Within the context of Severe Mental Illnesses (SMI), such as psychosis, communication and understanding between health professionals and service users in the reporting of distress and reoccurrence of symptoms is essential in reducing the chances of relapse. An alternative pathway which uses mobile technology to engage with services, may hold the key to gaining a deeper understanding of the lived experiences of those with mental health difficulties, in particular experiences of recovery from SMI's. AIM: The aim of the study was to explore the perspectives and opinions of health professionals on the development and refinement of the TechCare App for psychosis. A qualitative approach was adopted for data collection, which provided an understanding of factors in relation to the development of the intervention.

Methods. A total of two focus groups were held with health professionals to elicit their views on optimising the utility of the TechCare App. The total sample size for the focus groups was n = 16 with a total of 6 males and 10 females. This qualitative study was part of a feasibility study, investigating a novel intervention (TechCare) (Husain et al., 2016; Gire et al., 2021) which monitored participants symptoms and provided a tailored psychosocial response in real-time. Data obtained from the focus

groups was transcribed. Framework analysis were used to analyse the data for emerging themes, focusing on feasibility, acceptability and further development.

Results. The key themes that emerged from the data were; access and usage of digital technologies, implications for clinical practice, challenges & barriers to delivery and development and refinement considerations for the TechCare App.

Conclusion. Results of the focus group with health professionals provided a unique perspective of conducting mHealth research within an EIS context, and the differing challenges professionals anticipated facing in delivering the TechCare App intervention. The main finding of the focus group was that professionals saw the potential for the TechCare App to increase access to digital technologies, providing service users with an alternative medium to communicate with EIS health professionals. However, the participants felt that despite mHealth Apps being a useful platform to deliver interventions, face-to-face contact should remain an important aspect of routine care.

Diabetes Care in the Psychiatric Inpatient Setting: A National Survey of Mental Health Professionals Knowledge, Attitudes and Skills

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Aims. People with Severe Mental Illness (SMI) are at increased risk of developing diabetes. There is currently a lack of monitoring and standardisation of diabetes care in the NHS psychiatric inpatient setting. This presents as a missed opportunity, as inpatient admission could be used to improve diabetes care for this population. We surveyed the multi-disciplinary teams in psychiatric inpatient units across England to develop understanding of current diabetes care in this setting.

Methods. A 13-item questionnaire was designed to assess the knowledge, attitudes and skills relating to diabetes care. This was piloted via think out loud interviews with 5 staff at a Forensic unit. Amendments were then made to the questionnaire to improve the validity prior to national roll-out.

Site coordinators working within General Adult, Old Age, Rehabilitation and Forensic inpatient services were recruited via medical education and academic links. This included 19 inpatient sites within 11 NHS Mental Health Trusts across England. Site coordinators circulated the questionnaire, primarily via electronic survey. A small number of paper responses were also collected.

Results. 156 responses were collected via the national survey (electronic = 136, paper = 20). 6 responses were excluded due to missing professional role information or roles not involving physical healthcare. Respondents included within the analysis comprised 43 Doctors, 55 Nurses and 52 Allied Healthcare Professionals.

93% of respondents agreed that addressing physical health needs was an important part of the mental health team's role, although only 28% had received physical healthcare training within the last 12 months.

68% agreed that they had adequate skills and knowledge to manage diabetes safely on the ward. 69% agreed that the diabetic care on the ward was of an acceptable standard according to National Institute for Health and Care Excellent (NICE) guidelines. This reflects a need for appropriate training and guidance to help improve this aspect of care.

Additionally, only 51% agreed that they felt able to refer a patient with diabetes to the most appropriate diabetes service based on type of diabetes and medication prescribed. This highlights an important issue, as cohesive shared-care and clear referral pathways are key when considering effective diabetes management. **Conclusion.** Psychiatric inpatient admission could be used opportunistically to improve the healthcare disparities for people with comorbid diabetes and SMI. This national survey highlights key areas that would need to be addressed to standardise and optimise diabetes care in this setting. This includes appropriate training, clear guidelines and cohesive shared-care pathways.

The Effectiveness of Mindfulness-Based Interventions for Anxiety Disorders in Adults: A Systematic Narrative Review

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Aims. In recent years there has been accelerated clinical interest in Mindfulness based interventions (MBI's) leading to an upswell in research due the impact of its wide clinical application. Mindfulness Based Cognitive Therapy (MBCT) and Acceptance and Commitment Therapy (ACT) have recently been investigated for the beneficial treatment of anxiety-based disorders in adults. The aim of the current review was to appraise and synthesise findings of studies published within the last decade, in determining the efficacy of MBCT and ACT in treating anxiety disorders in adults, given gaps identified in the existing literature.

Methods. Scoping searches were conducted using MEDLINE, PsycINFO, Emcare, and Cochrane databases. The Synthesis Without Meta-analysis protocol (SWiM) was adopted for this review, in evaluating the efficacy of MBCT and ACT for anxiety disorders in adults. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Standards.

Results. The results of this review suggest that MBCT and ACT are effective therapeutic modalities in improving anxiety in adult populations. The results are, however, tentative. Whilst both MBI's show promise in the treatment of anxiety disorders, with the paucity of existing systematic reviews and methodological flaws within overall primary study design, the results should be interpreted with caution.

Conclusion. The overall therapeutic effectiveness of MBI's has been assessed and the general data support its efficacy. However, a judicious approach is required as results continue to remain inconclusive grounded in the totality of the evidence.

The current review revealed the ongoing methodological concerns encountered in determining the comparative effectiveness of MBCT and ACT for anxiety disorders in adults. Due to the current limited number of comparative studies of mindfulness based with mindfulness informed interventions, it could be suggested that a lack of systematic research is slowly influencing a collective understanding of MBI's being a homogenous group of treatments. The lack of delineation can have an impact on research, clinical practice and policy making. Further high quality research is required to continue to bridge the science practice gap. Without depth of understandings associated with the mechanisms of change and the impact that contextual aspects have on the outcome effectiveness, there are significant implications for practice and patient care. It is of importance that the adaptation and

subsequent developments in clinical practice do not outpace the research base to fully understand the mechanisms that make each MBI effective, for which population and diagnoses.

A Narrative Review of Defensive Medical Practice in Psychiatry

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Aims. Defensive medical practice has become an increasingly global phenomenon and encompasses all medical specialties. In the UK it was defined in the case of *Sidaway v Board of Governors of the Bethlem Royal Hospital* [1985] UKHL 1 (21 February 1985) as “the practice of doctors advising and undertaking the treatment which they think is legally safe even though they may believe that it is not the best for their patient”. This narrative review surveys the literature to establish the forms in which defensive practice may manifest itself within psychiatry.

Methods. In this narrative review, various terms pertaining to defensive medical practice in psychiatry were searched in both medical and legal databases.

Results. Though the literature in psychiatry compared to other medical specialties is more limited, some common themes occur across all jurisdictions surveyed. Defensive psychiatric practice included admitting the patient even though they may be managed within the community (as reported by 21% of psychiatrists surveyed in the North of England) and employing more coercive practice, either using the mental health legislation or implied or actual threats. Once hospitalised, defensive practice manifests itself by placing patients on higher levels of nursing observations than necessary.

Across inpatient and outpatient settings between one and two thirds of psychiatrists reported altering the way they document to attend to medicolegal considerations. Prescribing habits were also altered due to fears of litigation; an Israeli study found that almost half of psychiatrists surveyed reported they prescribed smaller doses of medication than what they felt was required to pregnant woman and ninety percent reported the same when it came to the treatment of elderly patients.

When looked at by seniority it was felt that junior doctors were more prone to admitting patients defensively than consultants. In this respect, psychiatry differs from most other medical specialties as, in general, the evidence suggests that increased seniority is more likely to lead to admission.

Conclusion. Defensive practice in psychiatry appears to be widespread and takes a number of different forms. However, the research in psychiatry is limited and does not explore key areas common to other medical specialties such as clinician avoidance of certain cases or increased use of diagnostic tests. Furthermore, there is little examination of how psychiatrists may utilise mental health legislation within their defensive practice.

Breast Feeding Experiences of NHS Staff Returning to Work From Maternity Leave: A National Study

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