

topics that needs to be covered. Quantitative data were analysed using descriptive statistics and ordinal regression analysis.

Results. 90 young people completed the questionnaire. 37.8% of the participants started using social media before 13 years old. Analysis has shown that interacting with other users and creating social media content is associated with higher self-rated negative impact on self-esteem from social media, but there is no association between impact on self-esteem and reacting to other's social media content or browsing other's social media content. Types of social media use were not associated with a self-rated impact of social media on emotions. Regarding the co-development of an intervention for social media, young people believe the best ways to distribute information about social media is through an interactive session by professionals (36.7%) or teaching it in class (28.9%) while the least popular ways are poster/booklet (1.11%) and mobile phone app (1.11%). The majority of young people felt the following topics on social media to be useful to cover during interventions, including risks on social media (85.6%), emotional safety on social media (81.1%), social media hygiene (70.0%), coping strategies and finding help on social media (66.7%), communication on social media (58.9%).

Conclusion. Although types of social media use are not associated with impact on emotions from social media, those who create social media content are at higher risk of having more impact on self-esteem. Interventions should be developed to help protect or improve self-esteem while using social media. This could be done by focusing on different topics. Future interventions for young social media users should be interactive and led by experts. They should also start before children reaches the common legal age of social media use to make them more resilient to the digital world.

A Retrospective Analysis of Pattern of Mental Health Problems in COVID-19 Patients in a Tertiary Care Hospital in India

Dr Jwalamukhi Chidambaram Thirugnanam* and Dr Ringhoo Theresa Jose

Lourdes Hospital, Ernakulam, India

*Presenting author.

doi: 10.1192/bjo.2022.182

Aims. A. To investigate the nature of liaison psychiatry consultations for COVID-19 patients in a tertiary care hospital in India B. To assess pattern and prevalence of mental health disorders and management, in COVID-19 patients in a tertiary care hospital in India.

Methods. Retrospective chart-based study

Data from medical records of 1600 confirmed COVID-19 patients was studied and charts of 368 patients among that who, during their in-patient stay for COVID-19 treatment in Lourdes Hospital, Kochi (September 2020 - December 2021), received liaison psychiatry consultation was selected for retrospective analysis

Results. Psychiatric consultations were sought for 23%(368) patients with COVID-19 (1600) during the study period. The most common symptoms of mental health problems for referral were sleep disturbance (74.9%), agitation/restlessness, increased tension (50.3%), depressive symptoms like low mood, loss of interest (11.1%) and psychotic symptoms like talking to self, hearing voices, suspiciousness (8%). Liaison psychiatry consultation was most sought-after for critically ill patients (69.2%), with disturbed behaviour as the most common presenting complaint. Psychiatric diagnoses included in the spectrum of delirium

(39.3%), sleep disorders (33.3%), anxiety (15.5%), depression (7.1%) and psychosis (4.8%). In terms of psychiatric treatments, 95.9% of patients who received psychiatric consultation were treated with psychotropic medications, including non-benzodiazepine sedative-hypnotic agents (54.8%), anti-psychotic (26.2%), benzodiazepines (22.6%) and antidepressant (10.7%). The symptoms of 61% of patients had improved and they were prescribed medications to continue the treatment on discharge.

Conclusion. A significant proportion of hospitalized COVID-19 patients experienced mental health problems, especially patients in intensive care unit. Data that emerged from this study regarding pattern of mental illness and management options will serve as a template for psychiatrists to liaise with medical teams to treat future patients.

From Infancy to Modern Day: The History of Mother and Baby Units in the United Kingdom

Dr Rui-Ernn Natassia Chin^{1*} and Dr Mao Fong Lim²

¹Camden and Islington NHS Foundation Trust, London, United Kingdom and ²Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.183

Aims. Mother and baby units (MBUs) are inpatient units where women with severe acute postpartum psychiatric problems can be cared for alongside their babies. This is currently considered to be gold-standard care, recognising the importance of early childhood bonding and family-centered care. Great Britain has spearheaded the development of the MBU, however the history of MBUs in the United Kingdom (UK) has never been published. **Methods.** Through a narrative review of published and grey literature, we explore the development of the MBU in the UK, from its infancy to modern day.

Results. We outline the history of the MBU model of care, from its early conception to current state. We also examine factors contributing towards the expansion of MBUs and more broadly, the expansion of perinatal mental health services throughout the UK. We also briefly describe the approach to MBUs worldwide, taking into consideration sociocultural differences and approaches to caring for the mother-baby dyad.

Conclusion. Since its conception, there has been considerable investment in and expansion of perinatal mental health services, both in community and inpatient settings. Sustained research and continued advocacy is required to expand provision of care.

Evaluation of Physical Health in an In-Patient Psychiatric Rehabilitation Setting

Dr Alastair Cockburn^{1,2*}, Dr Andrew Watson¹, Dr Debbie Mountain¹ and Professor Stephen Lawrie³

¹Royal Edinburgh Hospital, Edinburgh, United Kingdom; ²Oxford University Hospitals Trust, Oxford, United Kingdom and ³Edinburgh University, Edinburgh, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.184

Aims. The mortality gap between patients with serious mental illness (SMI) and without is around 15–20 years. This has multiple contributing factors including poor physical health, side effects of antipsychotic medications and sub-optimal medical management. Presented here is a detailed cross-sectional study of physical