

Aims. The baseline of this study

- 1) What is the type of psychiatric disturbances in oncology settings?
- 2) Is there any importance in cancer education?
- 3) How to manage psychiatric disturbances?

Methods. As of lockdown concerning COVID-19, this study is conducted online among 20 cancer patients. This is a cross-sectional study where Each patient has explained the purpose of the study, procedures, and consent was taken from patients then a questionnaire was given, and this was assessed. Among the profile of the study population, 50% were males and 50% were females of the total study population, 60% were married and 40% were unmarried, Participants were aged between 22 and 63 years. The study population also consists of 20% are breast cancer, 25% lung cancer, 10% lung cancer, and the rest are other types of cancers. Patient details are collected from the Facebook groups for cancer patients. Assessment has 2 parts, one is based on CES-D Test where each individual was each patient answered 20 question and next part is based on 5 questions regarding Financial Depression, Behavioral changes, Feelings, Education about cancer and Psychiatric support.

Results. It is found that 60% population are normal, 25% had mild Depression, 10% have moderate Depression followed by 5% with severe depression.

Among associations between marital status and various disorders, it was found that psychological disturbances are 2 times fold more in married people while compared to unmarried. There is also an association between treatment modalities are observed, in that anxiety is prevalent with people who had chemotherapy. Based on education and financial status, those who are with less education about cancer and less financially stable have also prominent disturbances.

Conclusion. The study was based on other research study related to the spectrum of psychological disturbance based on treatment stage, financial status, awareness of cancer among patients, and role of marital status among individuals Offering mental health services to patients with cancer is becoming an integral part of oncologic treatments because psychological problems harm cancer management. The most common psychiatric disorders in cancer patients are depression, anxiety disorders, and adjustment disorders. Psychiatrists should be involved in the multidisciplinary treatment team that works with cancer patients. Further research is needed to determine the effectiveness of different psychological and psychopharmacological interventions in psycho-oncology and palliative medicine

Journey From Acute In-Patient to Community-Based Mental Health Rehabilitation: Outcome of Ayu-Psychiatry Care Initiative

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Aims. In developing countries specially in sub-urban or rural areas, most patients with psychiatric crisis phase don't access intensive care. In India, AYUSH system of medical care is widely used, including crisis resolution and community treatment. However, evidence to support their effectiveness has remained

very low. Present study is designed as community based participatory research, where Ayurveda management from acute in-patient care to a community-focused treatment and rehabilitation was studied.

Methods. In this evaluation study, we trace the journey of Ayu-Psychiatry Care project, set up as community based mental health rehabilitation program in rural and sub-urban areas of Rajasthan, India, from acute in-patient care to a community-focused treatment and rehabilitation.

Results. While receiving Ayu-Care and promoting early treatment and rehabilitation, community-based treatment demonstrated considerable improvement in maintaining family relationships and employment. Increased treatment adherence, improved self-efficacy, and reduced stigma were all made possible because to this community-based strategy.

Conclusion. The connection between UK and Indian organisations is also explored during the journey. The findings of the study and the principles of long-term international cooperation are laid out by the authors.

Psychosis and the Dissonance in the Doctor-Patient Relationship; a Thematic Analysis

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Aims. Within psychiatry, relationships between doctors and patients with psychosis are significant determinants of attitudes, adherence, and therapeutic outcomes. Current research focuses on communication within psychiatrist-patient interactions with limited evaluation of the patient's perspective. Understanding the components underpinning the patient's relationship with their doctor could help improve outcomes for individuals with psychosis.

Methods. Eight participants, recruited through advocacy programmes, were interviewed. All had a diagnosis of psychosis or its subtypes. Interviews lasted between forty and eighty minutes. Thematic analysis of semi-structured interviews allowed exploration of important themes within doctor-patient relationships. Ethical procedures were implemented in accordance with British Psychological Society guidelines.

Results. Participants' narratives identified three salient themes perceived to influence doctor-patient relationships. Participants explored 'Interactions with Medical Professionals', focusing on communication and discussion styles. Doctors were not perceived as empathic, open listeners, reducing trust and limiting conversation during interactions. Participants described reduced engagement due to perceived misunderstanding and highlighted the impact of time constraints, guidelines, and limited medical training on relationships.

Secondly, participants discussed the 'Diagnostic Process', suggesting it had a negative influence on the relationship due to delivery methods.

Finally, participants explored 'Treatment', highlighting an overwhelming reliance on medication, lack of explanations, and lack of psychological therapies, which contradicted with patients' preferences.

Conclusion. The narratives describe a relationship in which patients feel misunderstood, furthering patient disengagement and resulting in a vicious cycle of dissonance that limits health outcomes. Findings suggest a need to incorporate psychological

therapies into doctor-patient interactions to allow increased communication and understanding.

Why Should ACT Work When CBT Has Failed? a Study Assessing Acceptability and Feasibility of Acceptance and Commitment Therapy (ACT) for Paediatric Patients With Chronic Fatigue Syndrome/myalgic Encephalomyelitis (CFS/ME)

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Aims. Paediatric chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) affects 0.5–3.28% of children. NICE guidance recommends Activity Management, Graded Exercise Therapy or Cognitive Behavioural Therapy for fatigue (CBT-f). Approximately 15% of patients do not achieve full recovery within one year with current treatments. Acceptance and Commitment Therapy (ACT) is an effective treatment in many chronic illnesses. There are no studies investigating ACT for paediatric CFS/ME. This feasibility study aimed to assess if ACT is a feasible and acceptable alternative treatment when current treatment has not led to recovery.

Methods. This feasibility cohort study aimed to enrol a minimum of 12 participants aged 11–18 years with CFS/ME attending the Royal United Hospitals Bath NHS Foundation Trust Specialist Paediatric CFS/ME Service, who were still symptomatic after 12 months or 12 sessions of standard treatment and were offered six to 12 sessions of ACT. Retention and recruitment data were analysed. Participants were asked to complete questionnaires before, during and after treatment. A selection of participants and their parents were interviewed about their experience of the study. Interviews were analysed using thematic analysis.

Results. 19 participants (95% of those approached) were recruited. Only 4 participants of this hard-to-reach group did not complete treatment.

In almost all sessions participants reported that they felt ‘totally listened to in post session questionnaires (31/33 sessions).

Preliminary interviews (n = 12) indicate acceptability of ACT, with all young people and their parents stating that they thought ACT should be offered to this population. Participants particularly commented that the absence of thought challenging (used in CBT-f) was a positive element of ACT. Participant’s openness to try new approaches and altruistic desire to be in a study was noted. **Conclusion.** Recruitment data indicate that it is feasible to recruit and retain 11–18-year-olds with CFS/ME to a study offering ACT. Interviews with participants and parents were broadly positive suggesting ACT is an acceptable treatment in this population.

Results indicated that it is both feasible and acceptable to offer ACT to 11–18-year-olds with CFS/ME using this protocol, supporting the prospect of an RCT in this area.

Examining Grey Matter Structural Abnormalities in Young People Exposed to Childhood Maltreatment and Peer Victimization

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Aims. Early-life interpersonal stress, particularly childhood maltreatment (CM), is associated with neurobiological abnormalities. However, few studies have investigated the neural effects of peer victimisation (PV). This study examines the common and specific associations between CM, PV and brain structural alterations in healthy youths.

Methods. Grey matter volume (GMV) and cortical thickness (CT) data were collected from 105 age- and gender-matched healthy youths (34 CM, 35 PV and 36 controls). Region-of-interest (ROI) and whole-brain analyses were conducted.

Results. For the ROI, the CM group had smaller GMV than controls in left IFG, bilateral anterior insula, postcentral and lingual regions, which were associated with higher emotional abuse, along with smaller insular GMV than the PV group. The PV group had smaller left lingual GMV than controls, which was positively associated with age of bully onset. At the whole-brain level, both CM and PV groups had smaller GMV than controls in a cluster comprising left post/pre-central, inferior frontal, insula, superior parietal and supramarginal gyri. The PV group alone had increased CT in a cluster comprising left superior frontal, anterior cingulate and medial orbitofrontal gyri, which was related to greater cyberbullying.

Conclusion. Early-life interpersonal stress from carers and peers is associated with common structural alterations of the inferior frontal-limbic, sensory and lingual regions involved in cognitive control, emotion and sensory processing. The findings of a CM-specific reduced anterior insular GMV and a PV-specific increased CT in the left medial prefrontal cluster is intriguing and underscores the unique negative effects of CM and PV, particularly cyberbullying.

A Case-Control Study Measuring Mentalization in Individuals With PTSD Compared to Controls Using the STOMP Task

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Aims. Social cognition is impaired in a variety of psychiatric conditions; evidence for impairment in individuals with PTSD is increasing. Mentalization is one domain of social cognition that refers to the capacity to understand other people by ascribing mental states to them. The STOMP task (Spontaneous Theory of Mind Protocol) involves an individual watching two minutes of a silent video and describing what they see. As part of a wider project examining social cognition in PTSD, we aimed to find out whether mentalization in the STOMP task differs between patients with PTSD compared to controls.

Methods. 171 individuals undertook the task: 30 patients were recruited from centres in Cardiff and Bristol at the start of their psychological therapy; 141 controls were recruited through Prolific website. Participants watched a 2-minute silent video and were asked to write 7–10 sentences about the clip. Qualtrics software selected the video and collected the texts. The verbs of the texts were coded and given a score by PM