

to assess psychological distress, social anxiety and physical activity, respectively. Data were analysed using SPSS v25, with application of multivariate logistic regression to assess association of various factors with psychological distress.

Results. Out of 256 medical students, 73 (28.5%) had severe psychological distress and 105 (41.0%) had mild to moderate distress. A logistic regression model to assess the effect of social anxiety disorder, level of physical activity and gender with the likelihood of having severe psychological distress was statistically significant ($p < 0.001$) with overall accuracy of 73.8%. The risk of developing severe psychological distress was higher among females [OR 2.13 (95% CI 1.17–3.87), $p = 0.013$] and those with social anxiety disorder [OR 4.56 (95% CI 2.27–9.16), $p < 0.001$]. Low physical activity was not a significant risk factor for psychological distress [OR 0.88 (95% CI 0.35–2.23), $p = 0.794$].

Conclusion. This study shows that COVID-19 imposed lockdown has adversely affected the mental health of medical students. Female students and those with social anxiety disorder are at more risk of developing severe psychological distress.

A Feasibility Evaluation of Discovery Group: Determining the Acceptability and Potential Outcomes of a Patient-led Research Group in a Secure Mental Health Inpatient setting

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Aims. Patient and public involvement and engagement (PPIE) is recognised as an essential part of health research. It provides an opportunity for patients to shape health research and acquire research skills, in the inpatient mental health setting, PPIE may have additional value in providing meaningful activity and enhancing recovery, as defined using connectedness, hope, identity, meaning and empowerment (CHIME) principles. An eight-session PPIE programme (“Discovery Group”) was designed to support patient-led research in a secure mental health hospital. This feasibility study aims to evaluate the acceptability of the programme from the perspective of patients and identify potential outcomes.

Methods. A retrospective single-arm post-programme evaluation of Discovery Group was undertaken. Participants attended an evaluation workshop where they were interviewed individually to complete an acceptability questionnaire designed using the domains of the Theoretical Framework of Acceptability. Participants also completed an outcomes questionnaire, which included CHIME-based recovery items. Quantitative data were analysed descriptively. Direct content analysis was applied to qualitative data.

Results. In our sample, eight participants attended at least one session of the discovery group with one patient attending all sessions. Most of the participants felt positive about taking part in the group and expressed interest in joining another group in future. All participants experienced some burden from the effort required during group sessions, but a low level of opportunity cost in terms of the extent to which they perceived they had to forfeit benefits to participate in the programme. Some described the group as effective in helping them learn about research. Of the five CHIME recovery domains, only connectedness was reported as a benefit of the group. The participants valued the opportunity to use their time.

Conclusion. Discovery Group is a novel intervention that offers high level, non-tokenistic PPIE suitable for use in secure mental health inpatient settings. It produces research of value to patients through a programme of high acceptability and provides them with potential benefits of recovery as well as research knowledge and skills, and an activity that alleviates boredom, enhances autonomy, breaks down some important power and paternalistic barriers that can be experienced by patients detained in secure mental health settings. Finally, a future evaluation study that involves patients during the design, implementation, evaluation and writing stages, aiming to measure the potential outcomes identified in the present study using pre- and post-testing with a control group would reliably demonstrate the effectiveness of the revised Discovery Group and ensure meaningful involvement with patients as co-researchers.

‘Sheldon’ in the Medical Field: Emotional Intelligence and Its Associated Factors in Medical Students of Pakistan

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Aims. The dearth of emotional intelligence leads to medical students’ inability to handle the pressures of medical education, subsequently causing burnout and mental illnesses. Poor emotional intelligence in young doctors also begets increased mistrust from the public, lowering the quality of healthcare delivery. Emotional intelligence of Pakistani students, similar to global context, is impacted by a myriad of psycho-socio-economic factors. It is pertinent to find out the detrimental and/or protective factors, and design interventions to enhance emotional intelligence as a soft skill. With this aim in mind, we explored the relationship of emotional intelligence with adverse childhood experiences and prevalent mental illnesses (depression and anxiety) amongst the medical students of one of the most populous cities of Pakistan; Lahore.

Methods. A cross-sectional study was conducted including currently enrolled MBBS (Bachelor of Medicine and Surgery) students from first year to final year in 2 medical schools of Lahore. An online google form was constructed by combining Modified Adverse Childhood Experiences Score Scale (ACES), Brief Emotional Intelligence Scale (BEIS-10) and Hospital Depression and Anxiety Scale (HADS). Data were exported to SPSS version 25.0 for descriptive and analytical analysis. Pearson’s chi-square analysis and logistic regression analysis were used to study the association between the outcome and dependent variables; Odd’s ratio (OR) with 95% Confidence Intervals (CI) were calculated.

Results. Participants (N = 324) belonging to two different medical colleges in Lahore, namely King Edward Medical College (public) and Shalamar Medical and Dental College (private), took part in the study.

Pearson’s chi-square showed significant association of emotional intelligence with early private schooling ($p = 0.029$), nuclear family system (0.044) and the presence of symptoms of depression (0.005). The adjusted logistic regression model showed that people who studied in a private sector school (OR: 2.12, CI: 1.01–4.45) and people who lived in a nuclear family (OR: 2.02, CI: 1.00–4.08) had significantly twice the likelihood of having high emotional intelligence. Also noteworthy is that respondents who

were depressed according to HADS showed significantly lower emotional intelligence (OR: 0.37, CI: 0.16–0.86)

Conclusion. Emotional intelligence is now being recognized as an important life skill for healthcare providers. Emotional intelligence of medical undergraduates is influenced by a number of factors such as early schooling, family's living situation, current mental health and adverse childhood experiences. More prospective researches should be conducted to evaluate these relationships. Carefully crafted interventions for improving emotional intelligence for medical students must be implied at an early level to achieve better outcomes from medical education.

Experience and Reflection From Inpatient Staff at an Intellectual Disability Hospital During COVID-19

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Aims. The COVID-19 pandemic and the associated impact on the NHS led to particular challenges for Intellectual Disability (ID) inpatient hospitals across the country. The aim of this Research Project is to gather the experience of Inpatient staff in our local ID Hospital following the first wave of COVID-19 pandemic in July 2020.

Methods. We gathered data by means of survey from inpatient staff including 'staff nurses' and 'health care support workers' from 2 acute assessment and treatment units and 1 rehabilitation unit over the preceding 3 months. We obtained 15 responses. We gathered quantitative data via a questionnaire on the views of staff regarding the service provision for patients and staff during COVID-19. We also gathered qualitative data on learning points and how things would have been done differently in hindsight.

Results. The responses were anonymised, directly transcribed, coded and grouped into themes. 67% of staff stated appropriate type and quantity of Personal Protective Equipment was available. 60% of staff stated it was 'easy' to access a General Practitioner for patient reviews. 60% of staff stated, there was a change in arrangements for Do Not Resuscitate/Escalation plans during COVID-19. 47% of staff stated there was availability of virtual or face-to-face clinical training support. 67% of staff did not take sickness leave due to symptoms or contact with a COVID-19 patient. 67% of staff did not receive or find it difficult to access a COVID-19 test. 47% of staff reported a negative impact of the pandemic on their physical and mental health well being. 13% of staff found the Counselling/emotional Support helpful.

Some of the key themes that emerged in the qualitative data analysis included the importance of being grateful for personal health and well being, more lives could be saved if earlier and more frequent testing was available during the first wave, delays in the arrival of PPE in the hospital and ideas to mitigate risk by designating members of staff to a fixed work area to reduce mixing.

Conclusion. A wide range of reflections, suggestions and feedback were obtained during the research project which will be helpful to plan and organise services moving forward should future waves of COVID-19 emerge.

Comparative Study of Care Home Referrals During Three National COVID-19 Pandemic Lockdowns

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Aims. To compare characteristics, presentation and treatment of care home patients referred to care home pathway team during three lockdowns.

Methods. Data were collected from referrals to G&W care home pathway team during lockdowns:

First: 23rd March 2020 to 30th June 2020

Second: 5th November 2020 to 2nd December 2020

Third: 5th January 2021 to 8th March 2021

Variables collected included number of referrals, age, gender, type of care home, reason for referral, type of behavioural and psychological symptoms of dementia (BPSD), diagnosis, new diagnosis of dementia, comorbidity, type and professional to make initial contact, blood tests at point of referral, appointments, duration on caseload, type of interventions for BPSD, admission, and use of antipsychotics. They were analysed for statistical significance at p value <0.05 .

Results. There were 23, 21 and 34 referrals respectively in the three lockdowns, with significant reduction in the weekly average of referrals (1.6), and number of men (17.4%) referred in the first lockdown. Significantly greater proportion of referrals in first lockdown was for BPSD (65.2%), with aggression (40%) as most common BPSD. Alzheimer's dementia was commonest dementia (67%) across lockdowns with fewer new diagnosis (21.7%) made in first lockdown. There was lower rate of delirium (21.7%) in first lockdown associated with fewer blood investigations (56.5%) at point of referral. Although there was no difference by type of professional, number of appointments, and discharges, duration on caseload (median 58.5 days) was significantly longer during first lockdown. There was access to medical, nursing, and psychological therapies input during all lockdowns. There was reduction in medication prescription including antipsychotics (33%), with no new antipsychotics commenced in all lockdowns.

Conclusion. Despite availability of mental health services, this study highlights reduction in access to mental health services as well as physical health investigations for elderly residents in care homes during the first lockdown.

Does the Presence of Psychiatric Symptoms in Adolescents With Special Educational Needs at Certain Time Points in Earlier Life Predict Functional Outcome Later On?

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Aims. This study analyses the progression of psychiatric symptoms over time of young people with special educational needs (SEN). The aims of this study were: 1) To examine whether the presence of psychiatric symptoms in earlier life are more likely to impact functional outcomes in later life in those with SEN; 2) Whether the presence of psychiatric symptoms in adolescence predicts functional outcomes in early adult life.

Methods. Data were obtained from the Edinburgh Study of Comorbidity (ESC) which was a longitudinal follow-up study of