One of the main themes of the survey that came up repeatedly was that trainees are struggling with clinical workload that sometimes overspilled to their personal time, which means family time is affected. More than half of the trainees reported that they do not know how to access well-being support in the trust. While the result was split in half when the trainees were asked if they have a well-being concern whilst working for the trust. Trainees said that there is very little support given to attend any non-related work engagement and they made grievance on the difficulty of accessing the trust occupational health and well-being services.

Conclusion. Since the inception of the survey, several recommendations were trialled. This include raising awareness among clinicals supervisors, where a video was uploaded on to the Trust intranet outlining the tips of becoming a good clinical supervisor. A well-being booklet was introduced as part of trainees' induction, and this was also made available on the intranet. Lastly, an awareness on ST representative role was also highlighted so that they can continue to facilitate an ST forum meeting as platform to raise concerns.

Service Evaluation of Medical Undergraduate Psychiatry Placement

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Aims. There are no clear guidelines for the optimal organisation of psychiatry placements for medical undergraduates. Moreover, the UK needs to enrol more psychiatry trainees. This service evaluation aimed to show that an efficient psychiatry placement can improve attitudes of students towards psychiatry and increase their likelihood to choose psychiatry.

Methods. We evaluated the efficacy of a new strategy for the psychiatry placement of 24 fourth-year medical students from the University of East Anglia during the academic year 2021/2022. The strategy consisted of having a 4-week placement in one of 3 wards at the Norfolk and Suffolk Foundation Trust Woodlands Unit (PICU, acute male and female wards) with brief (one- to two-day) rotations across the wards, as well as the community team and individual areas of interest. This afforded students exposure to different settings, pathologies and levels of severity, with enough time in one service to allow integration into the team, participation in clinical and therapeutic activities and most important, observation of patient longitudinal improvement. Multidisciplinary teams were included by presenting the training as a win-win, and we relied on a good teaching culture at our Trust. We also offered a programmed induction day, a mid-placement meeting and an end-of-placement debrief. We evaluated the efficacy of the strategy using the Attitude Towards Psychiatry Questionnaire before and after the placement, as well as measuring overall satisfaction.

Results. The overall satisfaction score on a 5 point Likert scale was very good (M = 4.58; SD = 0.58). Mean ATP total score significantly improved from 116.50 (SD 9.49) to 133.00 (SD 8.68) over a maximum attainable score of 150 ($F_{(1;23)}$ = 69.70, p < .001, $\eta p2$ = .75), with 23 out of the 30 items having significantly improved individually as well. The reliability of the scale was high with a Cronbach's alpha of .81 before and .84 after the psychiatry placement. The question "I would like to be a psychiatrist" improved significantly from 2.54 to 3.25 on the 5 point Likert scale ($F_{(1, 23)}$ = 16.33, p < .001, $\eta p2$ = .42) with an increase in students answering "agree" or "strongly agree" from 16.7% to 45.8%. This improvement was significantly positively correlated with the overall satisfaction score (R = .528, p < .01).

Conclusion. Psychiatry placement for medical undergraduates is a valuable opportunity to improve their attitudes towards psychiatry and their likelihood of choosing psychiatry as a specialty. We present our strategy as a model toward these goals.

Research

Identification of Cognitive Impairment in Cardiovascular Rehabilitation: A Pilot Cross-Sectional Study

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Aims. Cardiac Rehabilitation (CR) is a multidisciplinary intervention for people after an adverse cardiac event to improve their physical, psychological and social functioning. The risk factors of cardiac disease and dementia are similar. This cross sectional study aims to determine whether adding memory assessment to a CR program would improve early detection of cognitive impairment. Therefore, the research question is- "Can adding a memory assessment to the cardiac rehabilitation program improve early detection of cognitive impairment in people with cardiac disease?".

Methods. Study ethical approval was granted by Yorkshire & The Humber - Sheffield Research Ethics Committee (reference 20/YH/0146) and the NHS Health Research Authority (project reference 273763). The Lancashire & South Cumbria NHS Foundation Trust accepted the role and responsibilities of study sponsorship. Participants underwent cognitive screening and the data obtained was divided into: - 1- History of memory problems before and after the adverse cardiac event. 2- No memory problems before but presents after. 3- No memory problems before and after.

Results. During the study period, 48 participants who were at the cardiac rehabilitation program expressed their interest to patriciate in the study. Out of 48 participants who expressed their interest in participating in the study, 30 of them did not engage beyond expressing their interest and 18 out of 48 completed the assessment. The studied sample was categorized into three groups according to the relation between the onset of the cognitive decline and the onset of the cardiac condition: those with no history of cognitive decline (22.2%), cognitive decline following the onset of the cardiac condition (27.8 %) and cognitive decline before and after the onset of the cardiac condition (50 %). Comparing the number of the participants in the studied sample who has history of cognitive decline revealed that there was

statistically significant difference between the number of participants who have history of cognitive decline and the other group which demonstrated no decline in their cognitive function (p = 0.031). On correlating medications variables with all domains of cognitive functions assessments done by using ACE-III, we found that participants who are taking statins as regular medications had higher mean scores for visuospatial subtest than the other group of participants who are not taking statins and this difference was statistically significant (p = 0.012).

Conclusion. This study indicate that CR could potentially enable early detection of cognitive impairment, which could be either reversible or irreversible. However, a longitudinal study of larger scale is required for proper implementation of cognitive assessment in cardiac rehabilitation.

Attachment to Parents and Childhood Trauma in Adolescent Patients With Non-Suicidal Self-Injurious Behaviour

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Aims. To explore the phenomenon of non-suicidal self-injury (NSSI) in adolescent patients and to assess adolescent-parent attachment and childhood trauma in relation to NSSI behaviour through a case control comparison between adolescents with and without NSSI.

Methods. NSSI group included 30 adolescent patients presenting to psychiatry outpatient clinic with history of NSSI. Controls were 30 non-psychiatric adolescent patients recruited from other specialties outpatient clinics. Tools applied were: Semi-structured Psychiatric Interview, Structured Clinical Interview for Diagnostic and Statistical Manual (DSM IV-TR) Axis I and II Disorders (SCID-I and II), Brief Non-Suicidal Self-Injury Assessment tool (BNSSI-AT), Inventory of Parent and Peer Attachment (IPPA)-Parent form, Parental Bonding Instrument (PBI) and Childhood Trauma Questionnaire (CTQ). Patient-rated tools were translated into Arabic language.

Results. Self-cutting was the primary method of NSSI in 86.7% followed by interference with wound healing in 73.3%. Of NSSI group, 60% met the criteria for diagnosis of borderline personality disorder (BPD) while 16.7% showed only traits. Moreover, 40% were diagnosed with depressive disorders. While 93.3% used NSSI to deal with anger, 80% used it to cope with uncomfortable feelings or to relieve stress and pressure. In addition, 73.3% reported self-injuring because of their self-hatred. The main motivation for initial NSSI was negative feelings such as being upset (90%), being angry at oneself (73.3%) or at someone else (53.3%). Also, 36.7% reported seeing it in media or reading about it while 40% of the motivations were found related to peer pressure. NSSI group scored significantly lower than controls in their attachment to parents (particularly to mothers). A positive correlation was found between perceived parental care and attachment to parents (mainly trust and communication). A statistically significant difference was found between both groups regarding severity of childhood trauma experiences. In NSSI group, emotional neglect was reported in 80%, emotional abuse in 63.3%, sexual abuse in 50% and physical abuse in 46.7%. Perceived emotional neglect was positively correlated with sense of alienation from fathers and negatively correlated with trust in mothers.

Conclusion. Females constituted 80% of the NSSI group, primarily with the diagnosis of BPD. The most common method of NSSI was "self-cutting". A significantly high percentage of adolescents with NSSI described their attachment to parents as insecure. The majority of NSSI patients perceived their relationship to both parents as "affectionless control". A significant correlation was found between perceived parental care and security of attachment. Results also suggest that different types of child maltreatment might predict later NSSI.

Prevalence and Psychological Correlates of Sexual Harassment in a Non-Clinical Sample of Nigerian Adolescents

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Aims. Sexual harassment among adolescents is a hidden epidemic with far-reaching consequences. This is because adolescence is a period of identity formation, exploration, and initiation of intimate relationships. Reviews have demonstrated causal associations between any type of victimization at school and adolescent well-being and later-life health, economic and social outcomes. The study was aimed at determining the prevalence of sexual harassment and identifying the psychological correlates of sexual harassment among a sample of Nigerian high school adolescents.

Methods. A multistage stratified sampling was used in this cross-sectional study to recruit 960 high school adolescents out of which 918 provided valid responses (mean age = 15.1 +/- 1.36 years). They answered questionnaires that assessed sociodemographic variables, sexual harassment (Sexual Harassment Questionnaire), overall well-being (General Health Questionnaire-12(GHQ-12), anxiety and depressive symptoms (Hospital Anxiety and Depression Scale (HADS), self-esteem (Rosenberg's Self-Esteem Scale (RSES), resilience (Connor-Davidson Resilience scale (CD-RISC) and positive ideation/negative suicide ideations (Positive and Negative Suicidal ideation Scale (PANSI-PI/NSI). Descriptive and inferential analyses were conducted with statistical significance set at *p*-value <0.05.

Results. Females constituted 51.4% of the sample. About a quarter (26.1%) of our participants reported that they had experienced sexual harassment in their lifetime. The mean total scores on the sexual harassment, overall well-being, anxiety and depressive symptoms, self-esteem, resilience, negative suicidal ideation, and suicide ideation scales were 32.64 (SD = 13.64), 1.91 (2.32),17.01(SD = 6.37),18.76(SD = 4.41), 21.78(SD = 8.40), 13.14 (SD = 6.33) and 16.84 (SD = 6.23) respectively. Sexual harassment scores were positively correlated with GHQ-12 scores (r = 0.34, *p* < 0.001), HADS (r = 0.30, *p* < 0.001), and PANSI-NSI (r = 0.50, *p* < 0.001) and negatively correlated with RSES (r = −0.20,