

Aims. To examine the relationship between depression, anxiety and wellbeing in doctors.

Background. The relationship between doctor wellbeing and mental health diagnoses is not well evidenced in the literature. There is a lack of comparable measurement of wellbeing in doctors within the National Health Service, meaning the effectiveness of wellbeing interventions is unknown.

Method. A cross-sectional survey containing the PHQ9, GAD7 and WEMWBS questionnaires to measure depression, anxiety and wellbeing respectively, was advertised online nationally. The relationships between the total scores were explored using Spearman's rho correlation coefficients and Chi square tests. Thematic analysis of semi-structured interviews offered further insights.

Result. Sixty-seven doctors returned completed questionnaires. 29.9% had PHQ9 scores >5 and 41.8% had GAD7 scores >5. Therefore, over a quarter of the participants had a score that would suggest a management plan was needed for depression, and a third for anxiety. Moderate negative correlation between the total WEMWBS scores and the total PHQ, $r_s = -0.775$, $p = 0.00$, $N = 67$ and GAD7 scores $r_s = -0.724$, $p = 0.00$, $N = 67$ was seen. Statistically significant differences between those with low wellbeing scores (WEMWBS < 40) and normal wellbeing scores (WEMWBS ≥ 40) in relation to the need for a management plan for depression (PHQ9 > 10) $X^2 (1, N = 67) = 12.395$, $p = 0.00$ and anxiety (GAD7 > 10) $X^2 (1, N = 67) = 5.611$, $p = 0.018$ were seen. The main themes identified from the interviews ($n = 10$) were the importance of social support outside of work, cynicism about an NHS plan check-in and a tendency to neglect wellbeing until it has dipped.

Conclusion. There is a moderate negative correlation between anxiety, depression and wellbeing, but they are not opposites and separate measures for wellbeing should be used. It is clinically useful to note that only those with a WEMWBS score of <45 had a PHQ9 score suggesting the need for treatment of depression.

Striving for better communication - an audit

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Aims. The aim of this audit is to assess communication between the general and psychiatric hospital. This audit was prompted after a number of patients were transferred to Udston Hospital, a community hospital with two older adult acute mental health wards, with no written communication. This led to several significant issues including medication errors, ambiguity regarding patient escalation plans and uncertainty regarding what had been discussed with families.

Method. Over the course of one month eight patients were identified who had been transferred from the acute site to Udston Hospital. Three were new admissions to Udston, four were returning after treatment for physical illness, and one returned following assessment in ED. Data were collected by examining paper and electronic notes, and analysed using Excel. The results of this audit were discussed at the local clinical governance meeting. A 2nd cycle was performed. Eight transfers were identified. Four were returning after an assessment in ED, two were new admissions to Udston and two were returning after treatment for physical illness.

Result. Initial audit found that 38% of patients were transferred with their medical notes, 50% were transferred with no written documentation whatsoever, and none of the patients were

transferred with a transfer letter. The second cycle found that 88% of patients had a transfer or discharge letter. 12% of patients came with no written documentation.

Conclusion. The initial audit found significant deficiencies in communication. Highlighting the need for all patients to have a transfer letter at a local management meeting seems to have led to an improvement. However, differences between the samples in the 1st and 2nd audit cycle could be distorting the results. Further audits would be useful given the small sample size and due to the differences between the sample populations.

Neurodiversity in the teaching of the mental state examination: a pilot study of interactive mind-mapping seminars for the new ScotGem (Scottish graduate-entry medicine) students during the COVID-19 pandemic

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Aims. Agility in educational delivery has been catalyzed in response to national restrictions mandated by the recent COVID-19 pandemic. Increased use of assistive technologies further aligns with the General Medical Council's aims that medical educators provide an 'accessible training experience'. The study examined medical students' receptiveness to different types of interactive teaching. Two undergraduate cohorts received teaching on the Mental State Examination, either socially-distanced delivered by traditional powerpoint or remotely by mind-mapping software on a tablet hand-held digital device. We required an effective program which would retain the popular interactive elements of Psychiatry teaching and promote inclusivity across students' diverse learning styles.

Method. Two cohorts of Year 2 students from the Universities of Dundee and St Andrew's Scottish Graduate-Entry Medicine (scotGEM) course took part in an Introduction to Psychiatry seminar which involved a presentation of the Mental State Examination. One was conducted in a face-to-face setting via traditional PowerPoint. The second was conducted via remote-conferencing with mindmaps of key concepts drawn and screen-shared live to students as teaching progressed.

This was a qualitative study, with online links to questionnaires for 24 student participants across 5 domains. (1. The tutorial met my learning objectives, 2. The format was suitable for me, 3. The balance of theory and cases was suitable for me, 4. The tutorial was of appropriate length, 5. I was satisfied with the performance) Response options included: strongly disagree, disagree, neutral, agree, strongly agree. A section was also included with open-ended questions pooled for thematic analysis.

Result. Response rate reached >60% with >80% respondents answering strongly agree across all domains. Thematic results demonstrated positive responses across both teaching sessions, with the interactive elements valued by students. Comments included: "great job was done with the delivery of the session considering it was online rather than in person"; "drawing element was fantastic"; "Good: interactivity of the session drawing and creativity element".

Conclusion. The Mental State Examination (MSE) via live-drawn mind-maps allows salient clinical information to be conceptualised in non-linear diagrammatic format. This paediological approach can offer further access points across wide range of

learning styles. This pilot study demonstrated such interactive components of Psychiatry teaching continue to be well received and can be effectively delivered remotely. Such sessions also serve to promote inclusivity, linking those who are geographically distant in addition to the visual learner and the neurodiverse. We aim to incorporate these dynamic teaching sessions into our online induction programs and disseminate Intelligent Tutorials to our remote and rural learners throughout Scotland.

Pilot study of the use of handheld 6-lead ECG for patients on acute general adult mental health wards who refuse traditional 12-lead ECG

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Aims. To assess patient and clinician acceptability of handheld 6-lead ECG, for obtaining information about cardiac rhythm and electrical intervals, in acute general adult mental health ward inpatients who refuse traditional 12-lead ECG.

Background. In a previous audit of patients admitted to four acute general adult mental health wards, we found that 1 in 4 patients refused 12-lead ECG for at least two weeks, with 1 in 6 refusing throughout their entire stay. ECG refusers were significantly more likely to have a psychotic illness than non-refusers and were thus more likely to benefit from medications that carry a risk of prolonging the QT interval. Less invasive, handheld, 6-lead ECG, which includes measurement of lead II (the lead used to define traditional QT-interval cut-off values) is available on the NHS supply chain. Whilst not providing the full range of information that 12-lead ECG is able to provide, handheld 6-lead ECG might be an acceptable alternative in patients who would otherwise never have any form of ECG performed.

Method. We developed a Standard Operating Procedure for use of handheld 6-lead ECG and provided training for junior doctors on the four wards that were the subject of our original audit. These doctors were then able to offer the device to patients on their wards who refused 12-lead ECG. Doctors completed a short feedback form each time a handheld ECG was offered.

Result. So far, handheld 6-lead ECGs have been offered to 17 patients who refused 12-lead ECGs. Mean age (\pm SD) was 36.1 (\pm 12.6) years, and 4 of these patients were female. 13 patients (76%) accepted a handheld ECG. One of these attempts failed due to patient agitation. Attempts took a mean of 7 (\pm 5.4) minutes. 54% of recordings were described as “very easy” by clinicians, whereas 15%, 23% and 8% were described as “somewhat easy”, “intermediate”, and “somewhat difficult”, respectively. Clinician difficulties focussed on patient movement with impact on electrode contact and trace quality. Where answered ($N = 10$), 90% of patients stated they would recommend a handheld ECG to others. Patients liked the speed of the process, that it felt “less scary”, and that it was less invasive and did not involve removing clothing.

Conclusion. Our initial findings from this pilot suggest that handheld 6-lead ECG may be acceptable, both to clinicians and patients, as a means of obtaining information on cardiac rhythm and electrical intervals for patients who refuse 12-lead ECGs.

Screening for ADHD in male medium secure psychiatric services

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Aims. Roughly 25% of the prison population are known to meet the criteria for attention-deficit/hyperactivity disorder (ADHD), a five-fold increase on the general population. Medium secure psychiatric services receive a high percentage of referrals from the prison service. ADHD has primary symptoms of inattention, hyperactivity and impulsivity. Untreated ADHD could clearly have a detrimental impact on the effectiveness of therapeutic interventions, as well as increasing incidents of violence, aggression and other transgressive behaviours.

There are two aims: To screen the medium secure services population at the Spinney Hospital, Atherton, UK for ADHD, using a validated screening tool. This would generate candidates for further structured clinical assessment for ADHD; To implement ADHD screening as a feature of the Admission Care Plan within medium secure services at the Spinney.

Method. The study population is the medium secure service at The Spinney Hospital, Atherton. At the time of study this was 52 male service users.

The team members have evaluated several screening tools. The tool eventually chosen was the B-BAARS, which is a simple 6-question tool that is validated for use in adults. The tool takes around 1 minute to complete. All 52 service users were screened between 20/01/2021 and 30/01/2021.

Result. 1 of the 52 service users had a current diagnosis of ADHD and was being treated with medication. 3 of the 52 service users had childhood diagnoses of ADHD that had lapsed in adulthood and who were untreated. Of the remaining 51 service users without a current diagnosis of ADHD, 9 were positive on screening as worthy of further assessment (17.65%). Assessments of the 9 service users positive in screening will be completed by medical and psychology disciplines.

Conclusion. There appears to be clear merit for routine screening for ADHD within medium secure psychiatric services, given the service user population and the results described above. As a result of this survey, within The Spinney Hospital the B-BAARS will be incorporated into the Admission Care Plan of all new admissions to medium secure services as a Quality Improvement Intervention. Over time this will be re-audited and there will be assessment of any impact on incidents and positive engagement with activities.

Distinguishing vulnerable clients from psychotic patients with follow-up mortality data

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Aims. The aim of the present study is to determine whether vulnerable non-psychotic clients presenting in court proceedings do not share the same mortality profile as psychotic patients in similar environments. It is hypothesised that the two display quite separate mortality profiles.

Background. The increased mortality of psychiatric patients and prisoners has been documented but less is known of the outcomes among other vulnerable populations.