Aims. Anecdotally, NHS staff feel unsupported in breastfeeding when returning to work from maternity leave. The NHS provides clear guidance to employers about provisions required for breast-feeding employees (clean lockable room, adequate time, clean fridge). We aimed to establish if these provisions were provided for NHS staff, and to further explore the difficulties reported.

Methods. We conducted a pilot study of NHS doctors, exploring their experiences of feeding on returning to work. The results highlighted difficulties for many of the 519 cases. We extended the study to encapsulate the experiences of all NHS professionals.

The survey was distributed via various professional social media accounts.

Results. We received 1201 responses.
- 79% of women were breastfeeding when they returned to work. 59% wished to continue on return.
- 78% of women were unaware of the local breastfeeding policy. Of those that were, only 7% were informed of the policy by their employer.
- 90% of women were unaware that they needed to inform their employer of their intention to breastfeed.
- Only 6% of women had a breastfeeding risk assessment on their return to work.
- Basic requirements were not consistently met (50% did not have access to a lockable room, 51% to a fridge, 69% to adequate time).
- 55% were interrupted whilst expressing.
- 23% of women expressed in changing rooms; 32% in toilets; 25% in their cars; 15% in cupboards.
- 88% of women did not have their duties adapted. 91% regularly held the bleep whilst expressing.
- 52% of women reported embarrassment and humiliation at work. 60% reported stress directly due to their difficulties expressing, with a further 15% experiencing mental health problems. 10% of women felt their experiences negatively affected their bond with their child.

Conclusion. Only 1% of UK mothers continue to breastfeed at six months. There is a huge NHS drive to improve this statistic. 76.7% of NHS staff are women. These women are also NHS patients. NHS breastfeeding guidelines are not being consistently followed within the organisation. There is a direct impact on mother and child, and on patient care.

We must support our NHS family, create a positive breastfeeding culture, and lead UK change.

"I was ridiculed… it set me apart from my colleagues."
"Resigning was my only option."
"Subject to eye rolls and whispers… rude, unsupported and unkind."
"He unlocked the door and walked in while I shouted "stop"."

What Does Current Literature Tell Us About the Mental Health of Looked After Children?

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Aims. Looked after children (LAC) are one of the most vulnerable groups in our society. Often, after experiences of neglect and abuse, they are more likely to experience poor mental health, attachment difficulties and problems in educational progress. This review aims to explore literature published over the past decade which addresses the mental health needs and management of LAC within CAMHS in the UK.

Methods. A literature review was performed in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2009 structure. Selection criteria was used. The total number of papers identified after this initial search was thirty-six across the database.

Literature titles and abstracts were then screened to exclude papers with an irrelevant focus. Full-texts of the remaining twenty-two papers were then assessed for relevant and conclusive information. The total number of full papers included in the research was thirteen.

To analyse the literature identified, a framework of three themes has been highlighted. These include:
- the mental health needs of LAC,
- factors relevant to the assessment of LAC in mental health services
- considerations associated with the management of LAC with mental health conditions.

Results. Mental health needs of LAC included numerous emotional, behavioural and social problems. These were largely focused around substance misuse, emotional disorders and poor relationships with peers.

The main themes which have come out of research in relation to the treatment of LAC include:
- the importance of supporting healthy social relationships with primary care-givers, peers and teachers
- maximising the informal support of family, friends and pets
- the provision of early, holistic and flexible mental health services, rather than disjointed agencies

Conclusion. The literature published over the past decade has indicated the great number of adverse outcomes amongst LAC and has made useful suggestions for the assessment and treatment of these children within a CAMHS setting.

Through targeted support into residential placements, offering intensive and direct psychological input at an early stage and continuing even after they have been adopted, as well as, working alongside schools to promote peer interaction could significantly reduce the adverse outcomes of LAC.

Additionally, by referring patients along with their carers for psycho-education can be extremely beneficial. Alongside this, the young people ought to be directed to support groups with other LAC to meet peers who are in similar situations as themselves.

Psychiatric Morbidity Among the Patients of First Ever Ischaemic Stroke

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Aims. To evaluate psychiatric morbidity among the patients of first ever ischemic stroke

Methods. This sectional comparative study was carried out in the Department of Psychiatry, Sylhet MAG Osmani Medical College Hospital, Sylhet during the period from 1st July 2013 to 30th June 2014. Sixty six ischaemic stroke patients of first attack between 2 weeks to 2 years of stroke, aged above 18 years irrespective of sex and 66 accompanying healthy person of the patients and other patients without any kind of stroke matching age and sex fulfilling inclusion and exclusion criteria were taken in Group-A and Group-B respectively. Diagnosis of ischaemic stroke was made in these patients by the consultant neurologists reviewing the history, clinical examination and accompanying investigations

reports specially CT scan of brain. Psychiatric assessment was done using General Health Questionnaire (GHQ12) as screening tool. All GHQ12 positive cases were evaluated using mental state examination and recorded in a MSE sheet. Diagnosis of psychiatric disorders of all respondents was confirmed by psychiatrist according to DSM-5 criteria.

Results. The patients with ischaemic stroke and control subjects were similar in age [57.6 (SD ± 5.5) years vs 57.1 (SD ± 4.5) years; p > 0.130] and sex [48 (72.7%) male and 18 (27.3%) female vs 45 (68.2%) male and 21 (31.8%) female; p = 0.567]. Comorbid psychiatric disorder was found in 23 (34.8%) patients of ischaemic stroke and 9 (13.6%) control subjects. The comorbid psychiatric disorder was significantly higher in patients of ischaemic stroke than that of control g subjects (p = 0.004). Comorbid specific psychiatric disorders were generalized anxiety disorder in 9 (13.6%) and major depressive disorder in 14 (21.2%) in stroke group; while comorbid specific psychiatric disorders were generalized anxiety disorder in 2 (3.0%) and major depressive disorder in 7 (10.6%) respondents in control group (p < 0.013).

Conclusion. Comorbid psychiatric disorders are quite common among patients with first ever ischaemic stroke in the form of major depressive disorder and generalized anxiety disorder. Therefore, attention should be paid to the anxiety and depressive symptoms in stroke units and try to relieve the patients' emotional stress and personal suffering, which could improve their neurological outcome.

Service User Involvement in Recovery-Oriented Care Planning: A Realist Synthesis

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Aims. Service user involvement (SUI) in recovery-oriented care planning (ROCP) warrants more sophisticated theorisation and explanation to support practice improvement. This study investigated which changes to practice work best, in what circumstances, and to what extent, to embed an active role for service users' involvement in ROCP during the acute inpatient mental health care pathway.

Methods. A realist synthesis, combined with qualitative methods, was conducted to theoretically explore the causal mechanisms that underlie SUI in ROCP and how contextual factors influence the link between these causal mechanisms and outcomes. The study was conducted in three stages: theory-gleaning, theory-refinement and theory-consolidation. Initial programme theories were developed in the theory-gleaning stage. Theories were refined iteratively in the theory-refinement stage, using evidence from a realist review and interview data. With stakeholder involvement, refined programme theories were finely tuned using 'if-then' statements in the consolidation stage.

Results. Five programme theories relating to the acute care pathway were identified following the realist synthesis:

1) **'Provider-controlled care transition'** (admission to acute inpatient mental health units), referring to limitations to service users' active involvement. The focus of care and access to acute inpatients units should be needs-led, rather than resource-led or demand-driven;

2) **'Care plan as a recovery tool?'** – addressing infrastructural and organisational limitations to active SUI in care-plan formulation. The use of multidisciplinary meetings as a forum for care-plan formulation can create a cohesive approach and facilitate shared ownership;

3) '**Ward rounds as a non-inclusive arena for shared decision making'**, highlighting their unfulfilled potential for shared decision making about treatment. Professionals should focus on preparing service users for the ward-round process. Opportunities and access for service users to build therapeutic relationships with treating doctors are vital components;

4) **'Peer support worker intervention'** as a key factor in service users' recovery', concerning their positive impact. Their presence in ward rounds and care-planning meetings might create a more user-friendly atmosphere for service users; and

5) **'Provider-controlled care transition'** (discharge from acute inpatient mental health units), increasing focus on preparing service users for transition into the community, and constraints on resources should not dictate or anticipate decisions on discharging service users.

Conclusion. The study identified practices required to embed an active role for service users to be involved in ROCP, namely multi-contextual interventions at various levels (macro, meso and micro) of the mental health system. The study uncovered barriers that restrain SUI in ROCP, impacting desirable outcomes.

Investigating the Role of Ethnicity and Religion or Spirituality on the Risk of Self-Harm in Children and Adolescents: A Systematic Literature Review

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Aims. Around the world rates of self-harm vary, placing immense strain on health services. Approximately 20% of children and adolescents are thought to engage in self-harm. The systematic review aims to explore the characteristics, risks and protective factors of ethnicity and religion on self-harm in comparison to the general population. Better identification of risk factors can help professionals and local authorities develop intervention programs to mitigate the incidence of self-harm.

Methods. The Population, Exposure, Outcome, Study design and setting (PEOS) was used as a framework to formulate the question for this systematic review. A literature search was conducted using EMBASE, MEDLINE and APA PsycInfo databases and all English articles published between 2010 and 2020 were screened against the inclusion and exclusion criteria.

Results. Fourteen studies which met the criteria were identified and appraised using the Joanna Briggs Institute (JBI) critical appraisal checklist.

Unintentional injuries, sexual behaviours, adverse childhood experiences, health status and poverty alongside racial discrimination were associated with self-harm and or suicidal ideation in ethnically diverse populations. In African Americans, Hispanics and Whites, violence or physical altercation, illicit substance misuse, sadness and hopelessness increased the risk of self-harm and or suicidal ideation. The association of subtle forms of discrimination and suicidal ideation was noted to be statistically significant for African Americans, whereas for Latinx this was only marginally increased. Low mood and hopelessness in African American girls, substance misuse in American Indian youths, and aggression in the Caribbean cohort were also noted to present with increased self harm.

Adolescent's religiosity and parental monitoring had both a direct and an indirect role for suicidal ideation reduction.