

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

The Role of Depression and Anxiety in Explaining the Association Between Cognitive Function and Disability in the General Population

Dr Amy Lynham*, Dr Kimberley Kendall,
Professor James Walters and Professor Ian Jones

Cardiff University, Cardiff, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.206

Aims. In the United Kingdom, 14.6 million people reported having a disability in the year 2020–2021. Cognition may be one factor that contributes to disability, as previous studies have shown that cognitive abilities predict later health outcomes and prevalence of disability increases with decreasing cognitive function. Furthermore, studies have demonstrated a link between cognition and common psychiatric disorders, such as depression and anxiety. To our knowledge, no studies have examined the role of current mental health in the association between cognition and disability in a general population sample. The aim of this study was to examine the relationship between cognition, mental health and measures of disability/daily functioning in an online population sample. Our hypotheses were: 1) that lower cognitive performance would be associated with increased reported disability, and 2) that this association would be partly explained by current depression and anxiety symptoms.

Methods. The sample consisted of 3679 participants recruited from HealthWise Wales. Participants completed the Cardiff ONLINE Cognitive Assessment, a web-based battery of five tasks assessing processing speed, working memory, vocabulary, reasoning, and emotion identification. Disability was assessed using the World Health Organisation Disability Assessment Schedule (WHODAS). Real world measures of functioning were also included (currently employed, living with a partner, children and ever married). Current depression and anxiety symptoms were assessed using the Hospital Anxiety and Depression Scale (HADS). Linear and logistic regressions were conducted to assess the associations between cognitive performance and measures of disability/functioning. Structural equation modelling was performed to assess whether these associations could be partially explained by HADS scores, as well as measures of education and health/lifestyle factors.

Results. Higher cognitive performance was associated with lower overall WHODAS scores ($B = -0.1$, $SE = 0.01$, $P = 1 \times 10^{-13}$), living with a partner ($OR = 1.13$, 95% $CI = 1.06-1.21$, $P = 4.3 \times 10^{-4}$) and being in employment or education ($OR = 1.22$, 95% $CI = 1.13-1.33$, $P = 2.1 \times 10^{-6}$). HADS scores partially explained the relationship between cognition and: 1) WHODAS (80%), 2) employment (63%) and 3) living with a partner (37%). In addition, smoking status explained 3% of the relationship between cognition and WHODAS.

Conclusion. Current symptoms of depression and anxiety partially explained the relationship between cognition and three measures of disability/functioning. Alleviating these symptoms may improve patients' daily difficulties. Future research should establish the direction of causality of these associations.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Recruitment and Retention Survey – What Did Speciality Trainees (STs) Say?

Dr Sajid Mahmood^{1*} and Dr Girish Kunigiri²

¹Leicestershire Partnership NHS Trust, Leicester, United Kingdom and ²Lincolnshire Partnership NHS Foundation Trust, Lincoln, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.207

Aims. Recruitment and retention of medical staff is a national issue. Leicestershire Partnership NHS Trust (LPT) has significant challenge like many other neighbouring Trusts in this regard. Low level of staff means challenges in provision of adequate and efficient patient care. There is a lack of flexibility for clinicians to get time for Supported Programmed Activity (SPA). Burn out of existing clinicians and losing good will is common which increases patients' complaint and potential risk of near misses and serious incidents. Despite the East Midland being one of the popular deaneries among STs, retention of locally trained STs post CCT remained a challenge. Thus, the aim of this study was to find out proportion of speciality trainees (STs) doctors satisfied with current job and to explore their views on current difficulties and ways to retain and support them post CCT in career progression within the training Trust.

Methods. It was a cross-sectional survey. The target population was STs working in the East Midland deanery. An online questionnaire was developed for data collection. Data were gathered through open (free text) and close (options provided) questions. Information was collected regarding job satisfaction, positive and negative of job, difficulties and challenges in current role, willingness to continue post CCT within Trust and if they would recommend friends or colleagues to join LPT. Results are reported in percentages for descriptive statistics.

Results. About 59% of the STs were satisfied with their current training. Key positive of jobs include helpful colleagues, good trainers and supervision, autonomy, flexibility, good on-call rota pattern, work life balance, and protected time for teaching. Interest is shown for various SPA activities (teaching, audit, QI project, research, leadership and management). However, wide variety of challenges being also reported at individual, team and organisational level.

Over 70% of the participants shown interest to work for LPT post CCT but requested for additional support in term of flexibility of job description and role whereas remaining 30% reported to move into private sector due to better pay and work life balance. Surprisingly only 23.5% clearly stated, they would recommend a friend or a colleague to join LPT.

Conclusion. Majority of STs doctors were satisfied and willing to continue working post CCT in LPT. However, reported challenges need prompt response and early discussion and planning with STs in term of what local Trust can offer and support would ensure their retention and enhance recruitment while they are being advocate for the LPT.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Findings of Recruitment and Retention Survey – Consultants' Perspective

Dr Sajid Mahmood* and Dr Girish Kunigiri

Leicestershire Partnership NHS Trust, Leicester, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.208