

will evaluate the usefulness and limitations of specific neurocognitive tests to determine a definitive test battery. Qualitative data will be collected from participants to better understand their experience of taking part in a tDCS intervention, the impact on their overall quality of life and their views on the potential of tDCS as home based-intervention.

**Conclusion.** Further evidence is needed to establish whether tDCS could join the treatment armamentarium of OCD. The clinical outcomes in FEATSOCS will enable to further refine the methodology to ensure optimal efficiency in terms of both delivering and assessing the tDCS in OCD in a full scale trial.

The funder for this study is the National Institute for Health Research Programme, Research for Patient Benefit (RfPB) [Ref. no PB-PG-1216-20005]. Extra funding to allow study extension was provided by Orchard OCD. This study has received full ethics committee approval and protocol amendments approval from the Cambridge and Hertfordshire NHS Research Ethics Committee, IRAS Project ID 254507, REC ref: 19/EE/0046.

## Attitudes of medical students to electroconvulsive therapy

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**Aims.** This study explores the different attitudes among fourth year medical students in Queen's University Belfast to Electroconvulsive Therapy (ECT) and investigates whether these are influenced by teaching and exposure to ECT during their undergraduate psychiatry placement. In particular we sought to determine firstly, correlates of baseline attitudes to ECT and secondly, whether specific forms of ECT teaching improved attitudes to ECT during their placement.

**Method.** This study was conducted in Queen's University Belfast and agreed with their ethics committee. Participants completed a questionnaire at the beginning of their psychiatry placement and another questionnaire in the second half of their placement. The first questionnaire captured background information and baseline attitudes. The second questionnaire recorded the educational and clinical experience gained on ECT during placement (for example lectures, tutorials, informal teaching, observing ECT and interacting with ECT patients), in addition to attitudes to ECT at this timepoint. Attitudes to ECT were assessed on a 5-point Likert scale. A positive attitude to ECT was defined as scoring agree/strongly agree on a 5-point Likert scale to the statement "I would recommend ECT for a patient if clinically indicated".

**Result.** 187 students were interviewed at both time points. At the outset of the psychiatry placement 66% of students reported a positive attitude to ECT. Positive attitude was associated with age: 72% of students under 24 had a positive attitude to ECT vs 58% of students over 24 ( $\chi^2 = 3.5$ ;  $P < 0.05$ ). Of students who had previously attended a lecture on ECT ( $n = 117$ ) 83% had a positive attitude to ECT vs 42% of those who had not previously attended a lecture ( $\chi^2 = 33.5$ ;  $P < 0.001$ ).

Attitudes to ECT significantly improved during the placement (66% vs 94% positive;  $t = 7.97$ ;  $P < 0.001$ ). Students who attended a lecture on ECT during the psychiatry placement were more likely to have a positive shift in attitude (67% vs 49%;  $F = 6.0$ ;  $P = 0.01$ ). No other specific teaching modality was associated with a positive shift in attitude.

**Conclusion.** We conclude that undertaking a Psychiatry placement and particularly having a lecture on ECT significantly improves attitudes of medical students to ECT. It is therefore important that lectures on ECT are included in the medical undergraduate curriculum to allow students to be accurately informed about this essential treatment for a number of psychiatric disorders.

## Is attachment style in early childhood associated with mental health difficulties in late adolescence?

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**Aims.** Identifying factors that contribute to mental health difficulties in young people as early in life as possible are needed to inform prevention strategies. One area of interest is attachment. Although existing research has suggested an association between insecure attachment styles and mental health difficulties, these studies often have small sample sizes, use cross-sectional designs, and measure attachment as a discrete variable at a single point or use romantic relationship attachment as a proxy for childhood attachment. It is also unclear whether these associations persist into late adolescence. In this large prospective study we aimed to determine whether an insecure attachment style measured at repeated points in early childhood, is associated with depression and self-harm at 18 years.

**Method.** We used data from the Avon Longitudinal Study of Parents and Children cohort. Mothers completed attachment related questionnaires when their child was 18, 30, and 42 months old. Offspring depression and lifetime self-harm was assessed at 18 years in clinic using the Clinical Interview Schedule-Revised. Attachment was derived as a continuous latent variable in a structural equation modelling framework. Logistic regression was performed on participants with complete attachment data ( $n = 7032$ ) to examine the association between attachment style and depression and self-harm, with adjustment for potential confounders. Differential dropout was accounted for using multiple imputation.

**Result.** We found some evidence for an association between a more insecure attachment style in childhood, and a diagnosis of depression and life-time self-harm at age 18. In the fully adjusted imputed model, a one standard deviation increase in insecure attachment was associated with a 13% increase in the odds of depression ( $OR = 1.13$ ; 95%CI = 1.00 to 1.27) and a 14% increase in the odds of self-harm at age 18 ( $OR = 1.14$ ; 95%CI = 1.02 to 1.25), for children who had more insecure attachment in early childhood, compared with children who had more secure attachment.

**Conclusion.** This is the largest longitudinal study to examine the prospective association between childhood attachment and depression and self-harm in late adolescence. Our findings strengthen the evidence suggesting that a childhood insecure attachment style is associated with mental health difficulties in late adolescence. Policies and interventions to support parenting behaviours that foster the development of secure attachment styles, or attachment-based therapies to improve attachment quality, could help reduce depression and self-harm in adolescence/young adulthood.

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## Induction shouldn't be painful: improving psychiatry local induction for junior doctors across the South West

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**Aims.** The GMC recommends that organisations ensure learners have an induction in preparation for each placement. We aimed to ensure that high quality induction was being delivered in psychiatry posts across the whole of the Severn Deanery. This included multiple localities (Bristol, Bath, Swindon, Devizes, Weston-Super-Mare, Gloucester, Cheltenham, Taunton and Yeovil) across three NHS trusts.

**Background.** Induction plays a vital role in preparing doctors for their new roles. Crucially, some doctors are not only new to the specific role and site, but also new to the specialty (for example, Foundation Doctors and GP Trainees). In Severn, each locality takes responsibility for providing Junior Doctors with a locality-specific induction; these occur four times per year. Previous feedback from trainees in Severn was poor; as demonstrated by informal feedback and the August 2018's GMC survey results, showing some localities 'required improvement'.

**Method.** Pre- and post-intervention measurements were ascertained by written questionnaires for Foundation Doctors, GP Trainees and Core Trainees in Psychiatry. Baseline questionnaires were completed in August/September 2019. Five 'Plan, Do, Study, Act' Cycles were completed over the following eighteen months. Examples of the changes made included incorporating 'missed' topics (such as well-being, seclusion reviews and exception reporting) and specific information to on-call responsibilities, reducing replicated information, and touring clinical sites. These changes were coordinated via monthly meetings between Locality Trainee Leads (LTLs).

**Result.** There was an overall improvement in trainee's satisfaction with induction. Outcomes also included the development of an induction checklist specific to each locality and a 'gold standard' list for what local induction should involve. This is hopefully soon to be ratified by the Medical Education department and Severn Deanery.

**Conclusion.** Having worked on this project for over 18 months, sustainability of change remains a crucial issue. In response to this, we have established several recommendations: the LTL job role needs to be revised to include updating the written induction handbook in each locality and delivering face-to-face induction. Outgoing and incoming LTLs will plan each induction together, at least 4 to 8 weeks before the start date. Support from Medical Education regarding attendees at each induction is to be put in place. Handbooks will be shared across localities, so that the 'core' information is consistent. Ongoing feedback will ensure that Junior Doctors continue to receive a high quality and relevant induction.

## Completed audit of the use of seclusion in the Approved Centre in Tallaght University Hospital following the introduction of an Integrated Care Pathway

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**Aims.** The Mental Health Commission (MHC) is an independent body in Ireland, set up in 2002, to promote, encourage and foster high standards and good practices in the delivery of mental health services and to protect the interests of patients who are involuntarily admitted. Guidelines on the rules governing the use of seclusion are published by the MHC. These guidelines must be followed and recorded in the patient's clinical file during each seclusion episode. A Seclusion Integrated Care Pathway (ICP) was devised in 2012 for use in the Approved Centre in Tallaght University Hospital. This ICP was developed in conjunction with the MHC guidelines to assist in the recording and monitoring of each seclusion episode. Since its introduction in 2012, this ICP has become an established tool used in the Approved Centre in Tallaght University Hospital.

The aim of this audit was to assess adherence to MHC guidelines on the use of seclusion in the Approved Centre in Tallaght University Hospital 8 years after the introduction of an ICP and compare it to adherence prior to its introduction and immediately after its introduction.

**Method.** Thirteen rules governing the use of seclusion have been published by the MHC. These include the responsibility of registered medical practitioners (RMP), nursing staff and the levels of observations and frequency of reviews that must take place during each seclusion episode. Using the seclusion register we identified a total of 50 seclusion episodes between August 2019 and July 2020. A retrospective chart review was conducted to assess documentation of each seclusion episode.

**Result.** There was an overall improvement in adherence with MHC guidelines compared to adherence prior to the introduction of the ICP and immediately after its introduction. Areas of improvement included medical reviews, nursing reviews, informing patient of reasons for, likely duration of and circumstances that could end seclusion, and informing next of kin. The range of compliance levels across the thirteen MHC guidelines improved from 3–100% to 69–100%. Post intervention there was 100% compliance with five of the thirteen guidelines.

**Conclusion.** The introduction of an ICP led to an overall improvement in compliance with MHC guidelines. The ICP has ensured that many of the rules governing seclusion are explicitly stated; however adjustments and revisions to the document and ongoing staff training are needed to ensure full adherence to MHC guidelines.

## Preparing students for psychiatry OSCE's in the COVID-19 pandemic. How can PsychSocs help?

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**Aims.** The need for social distancing during the COVID-19 pandemic has led medical schools to make use of video conferencing platforms in their Objective Structured Clinical Exams (OSCE) for the first time. Additionally the suspension of OSCE's in 2020 due to the pandemic, has meant this cohort of final year students have never been examined on psychiatry skills. Our aims were to assess if our student psychiatry society (PsychSoc) run OSCE could help to prepare medical students for novel virtual stations ahead of their final examinations, and how this format of mock examination could be improved in the future.

**Method.** Our PsychSoc (QUB Mind Matters) hosted a virtual mock psychiatry OSCE for 24 final year medical students using the video conference platform Zoom, approximately 1 month