

topics that needs to be covered. Quantitative data were analysed using descriptive statistics and ordinal regression analysis.

Results. 90 young people completed the questionnaire. 37.8% of the participants started using social media before 13 years old. Analysis has shown that interacting with other users and creating social media content is associated with higher self-rated negative impact on self-esteem from social media, but there is no association between impact on self-esteem and reacting to other's social media content or browsing other's social media content. Types of social media use were not associated with a self-rated impact of social media on emotions. Regarding the co-development of an intervention for social media, young people believe the best ways to distribute information about social media is through an interactive session by professionals (36.7%) or teaching it in class (28.9%) while the least popular ways are poster/booklet (1.11%) and mobile phone app (1.11%). The majority of young people felt the following topics on social media to be useful to cover during interventions, including risks on social media (85.6%), emotional safety on social media (81.1%), social media hygiene (70.0%), coping strategies and finding help on social media (66.7%), communication on social media (58.9%).

Conclusion. Although types of social media use are not associated with impact on emotions from social media, those who create social media content are at higher risk of having more impact on self-esteem. Interventions should be developed to help protect or improve self-esteem while using social media. This could be done by focusing on different topics. Future interventions for young social media users should be interactive and led by experts. They should also start before children reaches the common legal age of social media use to make them more resilient to the digital world.

A Retrospective Analysis of Pattern of Mental Health Problems in COVID-19 Patients in a Tertiary Care Hospital in India

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Aims. A. To investigate the nature of liaison psychiatry consultations for COVID-19 patients in a tertiary care hospital in India B. To assess pattern and prevalence of mental health disorders and management, in COVID-19 patients in a tertiary care hospital in India.

Methods. Retrospective chart-based study

Data from medical records of 1600 confirmed COVID-19 patients was studied and charts of 368 patients among that who, during their in-patient stay for COVID-19 treatment in Lourdes Hospital, Kochi (September 2020 - December 2021), received liaison psychiatry consultation was selected for retrospective analysis

Results. Psychiatric consultations were sought for 23%(368) patients with COVID-19 (1600) during the study period. The most common symptoms of mental health problems for referral were sleep disturbance (74.9%), agitation/restlessness, increased tension (50.3%), depressive symptoms like low mood, loss of interest (11.1%) and psychotic symptoms like talking to self, hearing voices, suspiciousness (8%). Liaison psychiatry consultation was most sought-after for critically ill patients (69.2%), with disturbed behaviour as the most common presenting complaint. Psychiatric diagnoses included in the spectrum of delirium

(39.3%), sleep disorders (33.3%), anxiety (15.5%), depression (7.1%) and psychosis (4.8%). In terms of psychiatric treatments, 95.9% of patients who received psychiatric consultation were treated with psychotropic medications, including non-benzodiazepine sedative-hypnotic agents (54.8%), anti-psychotic (26.2%), benzodiazepines (22.6%) and antidepressant (10.7%). The symptoms of 61% of patients had improved and they were prescribed medications to continue the treatment on discharge.

Conclusion. A significant proportion of hospitalized COVID-19 patients experienced mental health problems, especially patients in intensive care unit. Data that emerged from this study regarding pattern of mental illness and management options will serve as a template for psychiatrists to liaise with medical teams to treat future patients.

From Infancy to Modern Day: The History of Mother and Baby Units in the United Kingdom

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Aims. Mother and baby units (MBUs) are inpatient units where women with severe acute postpartum psychiatric problems can be cared for alongside their babies. This is currently considered to be gold-standard care, recognising the importance of early childhood bonding and family-centered care. Great Britain has spearheaded the development of the MBU, however the history of MBUs in the United Kingdom (UK) has never been published. **Methods.** Through a narrative review of published and grey literature, we explore the development of the MBU in the UK, from its infancy to modern day.

Results. We outline the history of the MBU model of care, from its early conception to current state. We also examine factors contributing towards the expansion of MBUs and more broadly, the expansion of perinatal mental health services throughout the UK. We also briefly describe the approach to MBUs worldwide, taking into consideration sociocultural differences and approaches to caring for the mother-baby dyad.

Conclusion. Since its conception, there has been considerable investment in and expansion of perinatal mental health services, both in community and inpatient settings. Sustained research and continued advocacy is required to expand provision of care.

Evaluation of Physical Health in an In-Patient Psychiatric Rehabilitation Setting

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Aims. The mortality gap between patients with serious mental illness (SMI) and without is around 15–20 years. This has multiple contributing factors including poor physical health, side effects of antipsychotic medications and sub-optimal medical management. Presented here is a detailed cross-sectional study of physical

health measures in an in-patient rehabilitation population in Scotland. Results are compared to national averages and clinical guidelines with the aims to a) benchmark physical health in this population and b) where possible improve physical health.

Methods. Physical health data including observations, blood tests, and investigations was collected ahead of detailed structured interviews and physical exams performed by a post-foundation doctor. These results were compared to recommendations for physical health monitoring from numerous national and government guidelines (SIGN, NICE, Scottish Government, Maudsley). Data were collected in 4 domains, 1) Indicators of physical health, 2) Engagement with physical health, 3) Concordance with guidelines and 4) Outcomes of reviews.

Results. Data were collected from 57 of all 62 in-patients. 34 reported being generally happy with their health vs 15 unhappy. 42% were obese (compared to 28% of the general population), 84% were smokers (vs 16% in the local population) 16% were hypertensive, 22% had raised HbA1c, 50% had raised cholesterol, 47% had QRISK >10%. 68% agreed to a full physical health review, 65% agreed to flu vaccination. Completed cancer screening uptake compared to the Scottish population was low; Cervical (30% vs 71%), Bowel (8% vs 59%), Breast (23% vs 72%), AAA (0% vs 84%). Patients were generally up to date in terms of recorded weight (100%), BP (98.2%), HR (98.2%) and lipids (89.4%), but not ECG's (61.4%) and Diabetes screening (59.6%). 17 referrals were made to medics/surgeons, 29 to MDT's, 24 medications started, 9 stopped and 27 changed, most commonly statins (12 patients), vitamin D (8 patients) and hypoglycemics (5 patients).

Conclusion. Cardiovascular disease indicators were notably raised, uptake of screening was very poor and there were areas where the service didn't meet national guidelines. The number of referrals and medication changes suggest an unmet need within such services. The findings, if generalisable across similar populations, suggest that more can be done to address ongoing poor physical health in populations with SMI and indeed patient readiness to comply with physical health screening. Screening for key physical health parameters needs to be augmented by working to engage patients and following up with management plans for abnormalities found.

Impaired Grid-Like Representations at Theta Frequency in Schizophrenia

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Aims. Schizophrenia is a chronic brain disorder characterised by distortion of thoughts and perception. Several studies have shown a key role of the hippocampal formation in the pathophysiology of schizophrenia. Patients show impaired theta coherence between medial temporal lobe and medial prefrontal cortex (mPFC), and impairment of knowledge structuring and inferential processes. Both the hippocampal formation and mPFC contain hexadirectional modulation of activity, indicative of grid cell populations. Grid cells play an important role in mapping the environment and are believed to represent the transition structure between

task states. With other cell populations in the hippocampal formation, they play a fundamental role in inference, episodic memory, and spatial navigation. Here, we investigate whether schizophrenia is associated with disrupted grid firing patterns.

Methods. To test this hypothesis, we asked 18 participants with diagnoses of schizophrenia and 26 controls (matched for age, sex and IQ) to perform a spatial memory task in magnetoencephalography (MEG), while navigating a virtual reality environment. We first analysed theta (4–10 Hz) power during movement onset compared to stationary periods. We then source-localised the signal and looked for the hexadirectional modulation of theta band oscillatory activity by heading direction during movement onset. We also controlled for other symmetries in theta frequencies (four, five, and eight fold) and hexadirectional modulation in other frequencies. The same participants performed an inference task outside MEG, which we used for correlation analysis.

Results. The peak of theta power during movement onset was stronger in controls compared to patients ($p < 0.05$). In the control group, we found hexadirectional modulation of theta power by movement direction in the right entorhinal cortex ($p < 0.005$). This effect was absent in patients with a significant difference between groups ($p < 0.05$), suggesting that their entorhinal grid firing patterns may be disrupted. No other symmetry modulated theta power significantly in controls or patients, and hexadirectional modulation during movement onset was found only in theta frequencies in controls. Performance in the inference task was significantly impaired in schizophrenic patients, and spatial memory performance in both controls and patients was positively correlated with their performance in the inference task.

Conclusion. These results are consistent with the hypothesis that impairments in knowledge structuring and inference associated with schizophrenia may arise from disrupted grid firing patterns in entorhinal cortex. Although further work is needed to better understand the role of grid cells in health and disease, this work provides new insights into dysfunction of the hippocampal formation in schizophrenia.

Autonomic Dysregulation in Individuals With Psychiatric Disorders and Healthy Controls: Results From the CAP-MEM Observational Cohort

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Aims. Psychiatric disorders are associated with fatigue and with impairment to a range of cognitive domains, including executive functioning, learning, memory and complex attention. Similar impairments are seen in autonomic nervous system (ANS) dysfunction. The aetiopathogenic significance of this for psychiatric disorders is unknown. The main aim of the cap-mem study was to characterize the relationships between ANS and cognitive function in a sample of none-clinical controls and people with mental health, neurodevelopmental and neurodegenerative disorders. The potentially confounding role of medication was included within this analysis.

Methods. The sample was recruited via secondary care mental health trusts. ANS function was assessed using self-report measures of ANS dysfunction symptoms (COMPASS-31) and fatigue (VAFS). Cognitive ability in various domains was measured using