

Conclusion. Engagement with the commissioned training was encouraging. Respondents were, on average, relatively confident in conducting capacity assessment, but considerable variation in confidence, and a lower confidence in completing medical reports. This might suggest that some may require further training. A poor response rate among non-psychiatrists indicates potential respondent bias in favour of those already more cognisant of capacity in routine practice. A correlation between more practiced assessors and anticipated impact on service provision could suggest that some clinicians may be underestimating the potential impact of DoLS; the same groups should therefore be resurveyed after DoLS implementation.

A framework for nurturing doctors: systematic review of wellbeing interventions in medical students

Rhian Bradley^{1*}, Tahmina Yousofi¹, Rafeeq Faruqi¹ and Kate Hamilton-West²

¹Kent and Medway NHS and Social Care Partnership Trust and

²University of Kent

*Corresponding author.

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Aims. UK medical students report high levels of stress, in particular within the coronavirus pandemic: 46% have a probable psychiatric disorder; almost 15% consider suicide; 80% describe support as poor or moderately adequate. Our aim was to propose a novel conceptual framework for the implementation of effective interventions to reduce their stress and support wellbeing.

Method. A systematic review of MEDLINE, PsycINFO and CINAHL databases was undertaken with appropriate search terms, supplemented by reference searching. Published quantitative and qualitative primary research was included. Findings were reported in line with Preferred Reporting Items for Systematic Reviews and MetaAnalyses.

Result. Records identified through database searching 2,347; additional records 139; records following removal of duplicates 1,324. Full text studies included 41: 'Curriculum and Grading' (n = 4); 'Mindfulness and Yoga' (n = 11); 'Stress Management/Relaxation' (n = 13); 'Behavioural Interventions' (n = 3); 'Cognitive & Self-awareness Interventions' (n = 2); Mentorship (n = 3); 'Education, Screening and Access to care' (n = 3); 'Multifaceted Interventions' (n = 2).

Effective interventions include those that reduce academic stress through grading changes and supporting transition to clinical training; resilience enhancing interventions such as mindfulness, yoga, CBT, group based exercise and relaxation; peer mentorship; faculty mentorship when actively engaged by the mentor; reducing stigma; improving detection; and improving access to treatment.

Outcomes for clinical year students were less promising, suggesting interventions may be insufficient to combat clinical stressors.

Conclusion. We propose a framework for implementing these effective interventions through 'Ecological and Preventative' paradigms. The former highlights an individual's interaction with their sociocultural environment, recognising multiple levels of influence on health: individual, interpersonal, institutional, community, and national. At each level the framework of primary, secondary and tertiary prevention can be applied.

Primary Prevention (intervening before health is impacted): reducing academic stress; resilience interventions; mentorship; peer support; brief interventions to avoid progress to established disorders.

Secondary Prevention (reducing prevalence of disorder): early detection through staff training and screening; treatment referral pathways; reciprocal arrangements if peers are placed within local settings.

Tertiary Prevention (reducing impairment): reasonable adjustments, communicated between placements

This recognises that medical students require a range of interventions at multiple levels to reduce stress, promote wellbeing and manage the spectrum of mental health difficulties they may encounter. The ecological framework also acknowledges the reciprocity of individuals being influenced by and influencing their environment, which aligns with the concept of co-production.

A systematic review of comparative time to all cause discontinuation of antipsychotic medications in first episode psychosis

Alice Brooke*, Richard Whale and Mihaela Bucur

Brighton and Sussex Medical School, University of Sussex, Sussex Partnership NHS Foundation Trust (SPFT)

*Corresponding author.

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Aims. Prompt treatment with medication and intensive psychosocial support are interventions that have been shown to improve function and prognosis in patients with First Episode Psychosis. NICE guidelines state that patients with a first episode of Psychosis should remain on an antipsychotic medication for 1–2 years to reduce risk of relapse, yet most patients stop long before 2 years. This systematic review explores the comparative time to all cause discontinuation of antipsychotics, often used as a marker of real-world treatment effectiveness, in First Episode Psychosis patients.

Method. A literature search was performed across multiple healthcare databases from 1980 to present day in the English Language. Inclusion criteria covered patients with a First Episode of Psychosis aged 14 years and over, and studies that were randomised controlled trials or observational in nature. The primary outcome measure was time to discontinuation of antipsychotic medication. Bias was assessed using the GRADE approach.

Result. 11 studies and 3840 patients were included in the review. Seven studies were randomised clinical trials; three were blinded, and four open-label. The remaining four were observational studies. All but one of the studies had a minimum follow-up period of one year (with a maximum of three years). Due to significant methodological heterogeneity across studies, it was not possible to perform meta-analysis. Narrative analysis of the results showed that Olanzapine performed ranked best, and was being taken for the longest time period by patients, followed by Risperidone.

Conclusion. Multiple reviews exist on the efficacy of antipsychotics in First Episode Psychosis, but this is the first one to focus on time to discontinuation as a distinct outcome measure. The review encompasses a large sample size across North America, Eastern Asia and Europe. The interaction of time to discontinuation of antipsychotics with associated symptom levels and medication doses remains an area for further research. The review highlighted the significant differences in statistical methodology across studies in this emerging field, and the need for standardisation in ongoing research. Whilst effectiveness may therefore be greatest for olanzapine, this is outweighed in current guidance by its least favourable metabolic adverse effects profile.

Methylation of the glucocorticoid receptor gene NR3C1: a summary for clinicians working with children and families

Victoria Brown

NHS Education for Scotland, NHS Grampian

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Aims. It has been shown that the glucocorticoid receptor NR3C1 gene can be methylated (“switched off”) in response to early adversity. Methylation has also been linked to physiological changes in the body’s response to stress by changing the sensitivity of the hypothalamic-pituitary-adrenal (HPA) axis. In adults, associations have been made between NR3C1 methylation and borderline personality disorder, depression and post-traumatic stress disorder. Environmental and social co-variables increase with lifespan so establishing cause and effect is difficult. Studies in children, then, may illuminate patterns to inform current hypotheses.

This paper reviews the literature on children and adolescents linking glucocorticoid gene receptor NR3C1 to the psychopathology of mental illness. Findings are presented in an accessible manner to engage people less familiar with genetics and to inform frontline clinicians of this quickly growing area of research.

Method. MEDLINE and PsychINFO were searched for relevant peer-reviewed original research using the following keywords and associated mesh terms: NRC31, glucocorticoid receptor gene, methylation, epigenetics, child, adolescent, trauma, psychopathology, gene expression.

Result. 14 studies were identified involving 5475 young people. Degree of NR3C1 methylation was associated with severity of early life adversity. Methylation was linked with psychopathology including borderline personality disorder, internalising symptoms and externalising symptoms with sex differences. The most consistent association was with depression. Methylation seems to modulate the interaction between environment and genetics with the suggestion that the effect may be protective in some cases. However, longitudinal genetic sampling was only conducted in one study.

Conclusion. Heterogeneity of studies in the epigenetics field are discussed but should not detract from future possibilities. The hope is to identify therapeutic targets or monitor response to treatment as we work to better understand the biology of developmental psychology, mental illness and resilience. There is a growing understanding that epigenetic modifications likely change over time and clinical significance is most likely dictated by changes at multiple gene locations. Thus future research may need to move away from single gene research typically employed in favour of longitudinal whole genome studies in larger population studies.

It is time that clinicians integrate the concepts of “epigenetic adaptation to environmental stress” with “nature vs. nurture” in their psychoeducation with families. To understand that one’s problems might be the symptom of environmental mismatch, and potentially reversible too, can bring validation and hope to families.

Autistic and pseudo-autistic traits in ongoing complex trauma

Jennifer Bryden

Royal Cornhill Hospital, NHS Grampian, Tutor with PRIME Partnerships in International Medical Education

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Aims. To compare the neurodevelopmental profiles of Albanian street children to those predicted by the Coventry grid.

Background. A street children’s centre had requested help to meet children’s emotional needs. No program exists for children experiencing ongoing complex trauma. With input from widely-experienced consultant psychiatrist and consultant psychologist, a very low-intensity program of coping skills was piloted. Extensive anonymised notes were taken as part of the piloting.

The Coventry grid is a clinical tool comparing patterns of difficulties typically seen in autistic spectrum disorder (ASD) versus attachment difficulties. It’s based on clinical experience and invites ongoing feedback.

Method. 12 Children aged 5–12 years completed the two-week program. The notes were examined for their relevance to areas of the Coventry Grid.

Result. The children showed both traits typical of ASD and of attachment problems. Identifying emotions was impossible for the youngest group (5–7 years); while the older groups could say whether someone was likely to feel “good” or “bad” but struggled to differentiate further.

Fantasy and symbolic play were hard for the younger children. If asked to imagine a situation, they replied “but that’s not happening”. One child constantly hugged a stuffed doll, but couldn’t use it for play. Both younger groups found it hard to imagine a safe-place, though they could say what they wanted in it (chocolate and a working lightbulb). The oldest group all chose a real place related to the centre.

Generalising was difficult for all the children. The older children could say whether a story character was a good friend, but not apply this to real life. The youngest children were told a story about a dangerous stranger. Afterwards, the children said they would still go away with strangers as only the man in the story had said he wanted to harm children.

The younger children were diffusely attached, but the boys’ eye contact, gesturing, and language were normal in all age groups. All children formed friendships easily, played in a group and were intensely loyal to siblings. They didn’t show restricted interests, distress at changes to routine or sensory difficulties. They showed good awareness of the widely divergent social rules at the centre and at home.

Conclusion. The children showed a mix of traits usually associated with attachment difficulties and those usually associated with ASD. They may be different from UK clinic samples as they continued to experience severe trauma.

Representation of #CAMHS on social media platform TikTok

Preetisha Chadee* and Sacha Evans

Great Ormond Street Hospital

*Corresponding author.

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Aims. The video-based free social media app, TikTok, has grown in popularity during the COVID-19 pandemic, with half of British children using Tik Tok regularly. With more than 2 billion downloads, it was the most downloaded app of 2020. Child and Adolescent Mental Health Services (CAMHS) is currently found on TikTok via the hashtag #CAMHS. The aim of this study was to explore how CAMHS is represented on TikTok through reviewing the hashtags associated with CAMHS and exploring the themes of videos with the #CAMHS hashtag.

Method. The Tik Tok app was downloaded and a search for the hashtags which featured the word #CAMHS was undertaken.