

The Relationship Between Availability and Changes to Perceived Workplace Support and Their Impact on the Mental Health, Well-being and Burn-Out of Healthcare Professionals (HCP): Insight and Mitigating Strategies From the CoPE-HCP Cohort Study

Dr Imrana Siddiqui^{1,2,3}, Dr Jaya Gupta⁴, Dr Iris McIntosh^{5*}, Ms Christina Komodromos⁴, Mr Thomas Godec⁶, Mr George Collett⁶, Dr Sher Ng⁷, Dr Carmela Maniero^{6,7,8}, Mr Sotiris Antoniou⁷, Dr Rehan Khan⁸, Dr Vikas Kapil^{6,7,8}, Dr Mohammed Y. Khanji^{6,7,9} and Dr Ajay K. Gupta^{6,7,8,10}

¹Wellbeing Hub, Newham Training Hub, London, United Kingdom;

²NHS North East London CCG, London, United Kingdom;

³Woodgrange Medical Practice, London, United Kingdom; ⁴Barnet, Enfield and Haringey Mental Health NHS Trust, London, United Kingdom;

⁵Camden & Islington Foundation Trust, London, United Kingdom; ⁶William Harvey Research Institute, Queen Mary University of London, London, United Kingdom; ⁷Barts Heart Centre, St. Bartholomew's Hospital, Barts Health NHS Trust, London, United Kingdom;

⁸The Royal London Hospital, Barts Health NHS Trust, London, United Kingdom; ⁹Newham University Hospital, Barts Health NHS Trust, London, United Kingdom and ¹⁰National Heart and Lung Institute, Imperial College London, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.215

Aims. To examine the relationship between self-reported level of workplace support (WS) and various mental health outcomes in HCPs and non-HCPs at different time-points during the COVID-19 pandemic, and to examine whether improved WS is associated with improved mental health outcomes over time. Lastly, to identify what support healthcare professionals (HCPs) perceive to be most helpful.

Methods. Cohort survey study at baseline (July-September 2020) and follow-up (approximately four months later).

Setting

HCPs working in primary or secondary care, from UK and other countries, and non-HCP controls from primarily London-based universities.

Participants

1574 HCPs and 147 non-HCPs (academic and research staff at London-based universities). The inclusion criteria for the study were: 1) aged 18 or older, 2) electronic consent given, and 3) identified as HCP or non-healthcare academic staff or self-declared non-HCPs.

Main outcome measures

Presence of generalized anxiety disorder (assessed using the GAD-7), clinical insomnia (ISI), major depressive disorder (PHQ-9), well-being (SWEMWBS), and burnout (emotional exhaustion and depersonalization; EEDP2Q). Qualitative data exploring what support HCPs perceive as most useful was gathered using free-text inputs.

Results. At baseline and follow-up, consistently, compared to those who felt unsupported, those who felt supported had significantly reduced risk (odds) of generalized anxiety disorder (baseline: 59% [95% CI of OR, 0.29 to 0.57], follow-up: 41% [0.38 to 0.92]), clinical insomnia (51% [0.34 to 0.69], 66% [0.20 to 0.55]), major depressive disorder (58% [0.31 to 0.58], 54% [0.31 to 0.74]), emotional exhaustion (65% [0.26 to 0.46], 61% [0.27 to 0.56]) and depersonalization (58% [0.28 to 0.61], 68% [0.21 to 0.50]).

At follow-up, self-reported improved WS (vs. baseline) was associated with significantly improved GAD-7 (adjusted difference. -1.73 [-2.54 to -0.91]), ISI (-0.96 [-1.88 to -0.04]), PHQ-9 (-1.32 [-2.16 to -0.49]), SWEMWBS (0.97 [0.37 to 1.57]) and

EEDP2Q (burnout) (-1.30 [-1.82 to -0.79]) scores, independent of baseline level of support.

Five themes were identified constituting WS: 'managerial support' was the largest sub-theme.

Conclusion. A consistent association was observed between level of WS and the mental health of HCPs and non-HCPs. Improved WS was associated with improved mental health scores over a four-month period during the pandemic.

Exploring the Effects of Early Trauma in a Forensic High Secure Population: Evaluating Associations Between Adverse Childhood Experiences (ACEs) and Diagnosis of Antisocial Personality Disorder (ASPD)

Dr Emma McPhail^{1*}, Dr Neil Meggison², Dr Ian Yanson¹, Dr Pallab Majumder¹ and Mr Christian Sales³

¹Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom; ²Lancashire and South Cumbria NHS FT, Preston, United Kingdom and ³Institute of Mental Health, Nottingham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.216

Aims. To examine links between Adverse Childhood Experiences (ACE) categories and diagnosis of antisocial personality disorder (ASPD) in this population; it is predicted that there will be a positive association between number of ACEs and ASPD. The effectiveness of high secure hospital admission and treatment in reducing number of risk incidents was also examined. ACEs are known to impact significantly on the development of the personality and future psychiatric risk. Currently, research into links between distinct ACE categories and the diagnosis of ASPD in the high-secure inpatient population is limited.

Methods. Data were collected from a sample (n = 221) including all patients in the Mental Health, Personality Disorder and Women's Services at a high-secure hospital. Records were examined for evidence of abuse/neglect during childhood, and a number of markers of household dysfunction. The statistical relationship between each ACE category and subsequent diagnosis of ASPD was examined through paired t-tests. Frequency of incident reports (IR1s) involving violence was compared in the first, third and fifth years post-admission.

Results. Significant associations with adult diagnosis of ASPD were seen in categories of childhood physical abuse, sexual abuse, divorced/separated parents, Looked After Child (LAC) status and parental substance misuse, and total number of ACE categories present overall. Significant reductions in frequency of IR1s were seen in all services between first- and fifth- year post admission.

Conclusion. A significant association between ACEs in specific domains and ASPD in adulthood was found. The importance of detailed exploration of childhood circumstances in this group is highlighted, as well as the need for further investigation of the psychological and social mechanisms underlying.

Uptake of COVID-19 Vaccination in a Medium Secure Psychiatric Hospital Population

Dr Simon Gibbon, Dr Emma McPhail*, Dr Georgina Mills, Dr Martin McBride, Ms Rebakah Storer, Dr Nicholas Taylor and Dr Lucy McCarthy

Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.217

Aims. Compared with the general population, people with mental health disorders are at increased risk of negative physical and mental health outcomes following SARS-CoV-2 infection. In the UK, all adult mental health in-patients were offered COVID-19 vaccination as a priority group. Patients admitted to medium secure care have greatly increased mortality compared with the general population. Understanding COVID-19 vaccine uptake, and reasons for refusal, in patients in medium secure hospitals is important given the high prevalence of chronic physical health comorbidities such as obesity and diabetes, as these conditions are also associated with poor clinical outcomes in COVID-19 disease. **Aims:** To assess the proportions of patients who accepted or declined the COVID-19 vaccine, and explore their reasoning. To examine vaccine uptake between White and Black Asian minority ethnic (BAME) patients, and between younger/older patients.

Methods. The study took place at a medium secure hospital with male and female inpatients. All patients were offered a COVID-19 vaccine, and had a capacity and physical health evaluation completed by their Consultant Forensic Psychiatrist.

Results. Data regarding capacity to consent to the vaccine, acceptance/refusal, and demographics were retrospectively collected from the clinical records. In total, 85 patients (92.4% of eligible patients) had capacity to decide if they wanted the COVID-19 vaccine. Of these 68 (80.0%) consented and 17 (20.0%) declined to consent.

A similar proportion of patients aged under and over 40 years old consented. Those from a BAME background were more likely to decline than White British patients. The reasons for capacious refusal appeared similar to the general population.

Conclusion. COVID immunisation was broadly acceptable for patients in medium secure hospitals. The prevalence and reasoning of capacious refusal appears similar to the general English population.

The indication that BAME patients were more likely than White patients to decline the vaccination echoes the findings of research conducted in the Leicester general hospital. Further consideration needs to be given to how the uptake of COVID-19 vaccination can be improved in people with BAME ethnicity, especially as this group is also overrepresented in secure hospital settings.

The study demonstrates that similar services should be able to approach the vaccination process with confidence. As many people with severe mental disorder also have high physical comorbidity that would increase the risk of a poor clinical outcome if they contracted COVID-19, protecting this vulnerable population through vaccination must be a priority for mental health services.

Exploring Mental Health Patient's Perceptions and Aspirations in Employment

Miss Holly Melvin^{1*} and Dr Adeola Akinola^{1,2}

¹University of Manchester, Manchester, United Kingdom and

²Pennine Care NHS Foundation Trust, Manchester, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.218

Aims. To explore mental health in-patient's perceptions and aspirations in employment and to produce a lay document on employment

Methods. Employment is beneficial, it improves mental health and betters social integration. Different interventions exist to support mental health patients into employment. However, patients experience many obstacles, including the characteristics of their condition and stigma.

Literature review was undertaken, using a search string on PubMed focusing on mental health and employment.

Developed and used a 17-question questionnaire exploring patients' perceptions and aspirations in employment

Created lay document containing information on benefits of employment, employment rights and accessing employment.

Results. 100% of patients interviewed were interested in employment. 90.9% believed employment would improve their mental health and 100% believed it would improve their connection to their community. 100% felt there is a stigma around mental health problems which makes finding employment harder.

Conclusion. The barriers mental health patients seeking employment face are varied and complex. Most wish to seek employment, and should be encouraged, as the health benefits are clear. Professionals need to acknowledge individual barriers patients face including different mental health characteristics, ethnicity, gender and personal circumstances and find a way to create a bespoke service tailored to patients' needs in order to secure employment.

The Impact of the COVID-19 Pandemic on the Incidence of First Episode Psychosis in South London

Mr Zeryab Meyer^{1*}, Miss Aryn Azlan², Dr Edoardo Spinazzola², Dr Diego Quattrone² and Sir Robin Murray²

¹University of Liverpool, Liverpool, United Kingdom and ²King's College London, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.219

Aims. Transmission of the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has led to a global pandemic. Many studies are underway to ascertain the mental health impact of this seismic event, however no study has investigated its effect on psychosis incidence. We hypothesise that the overall crude incidence rates of first episode psychosis (FEP) will be higher during the pandemic when comparing the same area of South London in defined pre-pandemic and pandemic time periods.

Methods. Clinical records for all patients aged 18 to 64 years presenting to early intervention in psychosis services in the London boroughs of Southwark and Lambeth between July 1st 2019 to December 31st 2019 (pre-pandemic period) and July 1st 2020 to December 31st 2020 (pandemic period) were extracted from the Clinical Record Interactive Search (CRiS), an online database containing anonymised patient records. All patients were manually screened using the Screening Schedule for Psychosis to confirm FEP, with 104/235 cases meeting criteria for FEP in the pre-pandemic period compared with 158/376 in the pandemic period. Crude, age-standardised, and sex-standardised incidence rates and ratios were calculated for interpretation.

Results. The crude incidence rate of FEP was significantly higher in the pandemic period (68.3, 95% CI:[57.6 ; 78.9]) than the pre-pandemic period (44.9, 95% CI:[36.3 ; 53.6]). The crude incidence ratio was 1.52 (95% CI:[1.28 ; 1.77]), indicating that the overall crude incidence of FEP in the pandemic period was significantly higher (52%) than in the pre-pandemic period. The directionality and statistical significance of this ratio was unperturbed by standardisation for age (SIR = 1.45, 95% CI[1.23 ; 1.70]) and sex (SIR = 1.56, 95% CI[1.33 ; 1.83]).

Conclusion. Our results suggest that the COVID-19 pandemic has had a significant impact on the incidence of FEP in the South London boroughs of Southwark and Lambeth. Further research is required to elucidate the factors contributing to this