(84.2%) and emotional dysregulation (10.5%) were more frequently seen in participants with neurodevelopmental disorder. Dissociative and obsessive phenomena were present in about a quarter of our study sample, similarly across mania, depression and mixed state.

Conclusion. Mental status examination of mood disorders in children suggests considerable phenomenological overlap with irritable mood, emotional and behavioural dysregulation, dissociative symptoms, obsessive symptoms, sleep disturbances, nightmares and hyperarousal seen in mania, depression and mixed states. These phenomena may, therefore, not be suitable in differentiating these clinical diagnoses. Children with NDDs may report lesser cognitive phenomena of depression, and the clinician may have to rely on the affective and behavioural manifestations of depression in clinical decision-making.

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Gender Differences in the Emergence of Post-Traumatic Stress Disorder Following a Single Exposure to a Terrorist Related Crime: A Meta-Analysis

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Aims. To quantify and evaluate the gender differences regarding the development of PTSD. This meta-analysis calculates (a) the difference between males and females who develop PTSD, and (b) the difference in gendered relative risk of PTSD development.

Methods. Study selection criteria included participant mean age above 18 years, single and direct exposure to a terrorism related traumatic event, and a confirmed diagnosis based on Diagnostic and Statistical Manual of Mental Disorders 5th edition. Data extraction included year and location of terrorist event, the total number of participants in the study, the total numbers of males and females diagnosed with PTSD, and time (in months) of diagnosis following the traumatic event. The number of males and females affected by PTSD was pooled using random effects inverse variance weighted meta-analysis and relative risks (95% confidence interval) were calculated.

Results. Twenty-seven studies met the inclusion criteria of which five had significant information to be included in the meta-analysis. The total number of males in the pooled sample size was 328, and the total number of females was 354 out which a total number of 34 males and 66 females met the PTSD criteria. The mean average of males and females affected by PTSD was 6 and 11, respectively. An independent samples Mann Whitney U test rejected the null hypothesis ($p < 0.05$) and concluded that the distribution of PTSD between males and females was significantly different. The meta-analysis found an overall relative risk of a diagnosis of PTSD in females to be 1.82 (95% CI 1.25–2.65) compared with males.

Conclusion. This meta-analysis found females to have an elevated risk of developing PTSD following a single terrorism traumatic event. The results of our study are supported by previously published research, which has found females to be at higher risks of developing PTSD. However, such research has proposed gender differences secondary to the types of stressful events experienced, which does not apply to our meta-analysis given the uniformity of the traumatic event we explore. Other factors, therefore, need investigating to understand this phenomenon.

We acknowledge that researching psychological consequences in communities affected by terrorism is complicated and limited by lack of healthcare access, trained clinicians, cultural diversity in the expression and articulation of a community's traumatic experience and of course, the instability of the ground fabric. Other limitations of the included studies are the binary of gender reporting, which limits a fuller understanding of a minoritized community.

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A Qualitative Analysis of Contributory Factors to Serious Incidents Involving Adults With Learning Disabilities Receiving NHS Mental Healthcare

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Aims. This study aimed to analyse contributory factors to serious incidents (SIs) involving adult patients with intellectual disabilities receiving NHS care in a mental health trust. People with intellectual disabilities face considerable preventable harm and disparities in care. In-depth analysis of contributory factors to incidents involving adults with an intellectual disability, using human-factors based frameworks is lacking. Individual SI reports contain useful data, but learning is often limited without aggregated analysis.

Methods. Thirty anonymized serious incident reports (2014–2023) from an NHS mental health Trust's intellectual disability service were analysed qualitatively using the Yorkshire Contributory Factors Framework, followed by reflexive thematic analysis (RTA) to identify patterns across the data. This enabled nuanced themes to emerge across errors at the sharp end and systems-level factors at the blunt-end.

Results. Across 30 reports, 606 discrete factors were identified. Situational factors such as behavioural escalations and staff competency gaps were most frequent (n = 187, 31%). Other factors included active failures, such as slips, lapses, mistakes, violations (n = 109, 18%), organisational influences (n = 107, 18%), communication breakdowns (n = 75, 12%), unfavourable working conditions (n = 62, 10%), cultural factors such as reluctance to voice safety concerns (n = 51, 8%), and external system factors (n = 15, 2%).

Using RTA, we identified recurring themes across incidents involving interactions between sharp-end human and blunt-end system factors, with broader issues shaping frontline performance. Patient marginalisation, excessive workloads, lack of resources, and cultures tolerant of shortcuts aligned to permit errors. Deficient coordination across fragmented healthcare systems and overdependence on non-permanent workers and bank staff obstructed comprehensive incident reviews. Failure to adequately probe cultural influences and external pressures further reflect the limited extent of investigational efforts.

Conclusion. Adults with intellectual disabilities are subject to serious incidents caused by interacting human and system-level

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factors, including organisational, cultural and external factors. Addressing under-resourcing and improving investigation quality are paramount to enhancing safety of care for people with intellectual disabilities.

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Predictors of the Course of Post-Traumatic Stress Disorder After Physical Injury Over Two Years

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Aims. The course of post-traumatic stress disorder (PTSD) is complex and remains an area of active investigation, as analyses aimed at identifying predictors of PTSD outcomes often produce variable and inconsistent results. This particular study delves into the progression and patterns of PTSD over a two-year period, focusing on individuals who are in the recovery phase from severe physical injuries. The research aims to understand the different trajectories that PTSD can take and to identify the factors that may influence these pathways, with the goal of enhancing our understanding and treatment of this challenging and multifaceted condition.
Methods. Patients were recruited from a trauma center at a university hospital in South Korea between June 2015 and January 2021. At baseline, 1142 patients underwent evaluations encompassing trauma and PTSD-related measures, sociodemographic characteristics, pre-trauma characteristics, and peri-trauma assessments. They were subsequently followed up for PTSD using the Clinician-administered PTSD Scale (CAPS) at 3, 6, 12, and 24 months. The analyzed sample consisted of 1014 patients who were followed up at least once after the baseline and 3-month evaluations. Latent class growth analysis was employed to identify distinct trajectory groups, and logistic regression models to ascertain predictors associated with each trajectory.
Results. The study identified five unique trajectories of PTSD progression among the patients: resilient, worsening/recovery, worsening, recovery, and chronic groups. The "worsening/recovery" trajectory, which indicates patients whose symptoms initially worsened but later improved, was predominantly associated with individuals who had experienced previous traumatic events and those who had sustained injuries from traffic accidents. On the other hand, the "worsening" trajectory, where patients' symptoms continuously deteriorated over time, was linked to individuals with higher education levels and elevated depressive symptoms. The "recovery" trajectory, characterized by a gradual improvement in symptoms, was more common in female patients and those with a history of childhood abuse, traffic-related injuries, a dissociative subtype of PTSD, and higher levels of anxiety and depressive symptoms. Lastly, the "chronic" trajectory, where patients experienced persistently severe symptoms, was predicted by the presence of a dissociative subtype of PTSD and heightened anxiety symptoms. These findings illustrate the diverse paths PTSD can take and highlight the importance of various factors in influencing these trajectories.
Conclusion. These findings highlighted the heterogeneity of PTSD symptom development and thus the importance of considering individual characteristics when assessing and addressing PTSD following severe physical injuries.

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Prevalence and Associated Factors of Depressive Disorder After Exposed Prolonged Traumatic Event

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Aims. Depressive disorder is one of the most typical psychiatric disorders that occurs after a traumatic event. However, there has been minimal research regarding the prevalence and associated factors of depression after a traumatic event. Therefore, this study aims to investigate the prevalence of depressive symptoms and associated factors in the residents of the Gangjeong village, who have been exposed to a traumatic event recently for a prolonged period.
Methods. The subjects of this study were the residents of the Gangjeong village, who have been exposed to a traumatic event related to the construction of the Jeju Civilian-Military Complex Port. The questionnaires were used to assess the participants' general characteristics (sex, age, marital status, occupation, self-perceived health, etc.); in addition, for the clinical evaluation, overall stress was assessed through the Global Assessment of Recent Stress Scale (GARS), social support through Functional Social Support Questionnaire (FSSQ) and suicide risk through Mini-International Neuropsychiatric Interview-Plus (M.I.N.I-Plus). In order to evaluate the depressive symptoms, CES-D (Center for Epidemiologic Studies Depression Scale) was used.
Results. In 713 subjects, the prevalence of depressive symptoms was 18.5% (95% CI=15.66–21.36) (Table 1). Multivariate logistic regression analysis identified the length of residence and marital status as factors associated with depressive symptoms (Table 2). Furthermore, the depression group has a significantly higher score of overall stress (GARS), suicide risk and the lack of social support (FSSQ), in comparison with the non-depression group (depression gr. vs non-depression gr. : 28.8 ± 15.0 vs 12.8 ± 10.1, 4.9 ± 8.0 vs 1.1 ± 3.6, 44.8 ± 13.2 vs 34.0 ± 13.9, respectively).
Conclusion. The prevalence of depressive symptoms was higher among the study population compared with the general population. People exposed to the traumatic event, especially after prolonged exposure, should be assessed for environment factors, the status of overall stress, social support and the suicidal risk.

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Understanding the Issue of Alcoholism in the British Sikh Punjabi Community. Based on This, How Can the Medical School Curriculum Be Improved So Clinicians Can Better Meet the Needs of the British Sikh Punjabi Community and Diverse Communities in General?

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