

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.

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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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