

before their finals. The OSCE comprised 4 stations each lasting 8 minutes, and covered psychiatric history taking, risk assessment and drug counselling. Stations were marked by psychiatry trainees in individual breakout rooms to closely simulate real examination conditions. A post-event online questionnaire was distributed to all participants. 5-point Likert scales and free text responses were used to gather feedback regarding the content and delivery of the mock. A response rate of 100% was achieved ($n = 24$).

Result. The feedback from students was overwhelmingly positive, with 100% ($n = 24$) agreeing/strongly agreeing that the mock OSCE left them feeling more prepared for their final exam. 95.8% ($n = 23$) agreed that the opportunity to practice virtual OSCE stations improved their confidence, and all 24 students agreed/strongly agreed that they would like more practice of virtual OSCE stations. A common theme that emerged when asked how our mock could have been improved was the need for a group feedback session covering common pitfalls in addition to individual feedback.

Conclusion. The lack of clinical experience and shift towards online learning has led to increased stress around clinical exams in the student population. PsychSocs can supplement formal teaching by providing students the opportunity to practice virtual communication and history taking skills that are not always covered in their undergraduate curriculum. However, as a psychiatry society our mock only assessed psychiatry skills, many of which may be relatively well suited to an online format. We would welcome further evaluation of the applicability of student run virtual mock OSCE's to other specialties. We have demonstrated that PsychSocs can offer much needed practice for students through mock OSCE's and have highlighted ways to enhance their delivery.

To identify errors in prescribing practice in an inpatient psychiatric unit and improve compliance with Mental Health Commission of Ireland regulations relating to prescribing

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Aims. Prescribing errors can lead to patient harm and are a patient safety issue. In 2019 the Acute Psychiatric Unit in Tallaght Hospital was identified by the Mental Health Commission of Ireland as non-compliant with regulation 23 of the Mental Health Act pertaining to the Ordering, Prescribing, Storing and Administration of Medication. Compliance with regulation 23 is a mandatory condition for the registration of the Unit as an Approved Centre to provide treatment for mental illness in Ireland. Regular auditing was performed to identify areas of non-compliance in prescribing practices and where identified to improve upon these practices per Mental Health Commission standards.

Method. A cross sectional review of 14–18 medication Kardexes was completed monthly from August – December 2020. Kardexes were audited against 20 standards set by the Mental Health Commission. An electronic audit tool was used to collect data. Medical teams were informed of any incidences of non-compliance. Education sessions delivered by both medical staff and the ward pharmacist were provided to junior doctors and consultants regarding the Mental Health Commission regulations for prescribing. We developed information leaflets that were placed at the front of Kardex folders highlighting key

areas where errors were regularly made. Monthly staff emails were sent reminding prescribers of the importance of adhering to guidelines and updating them on the most recent audit results.

Result. Improvements were noted in all aspects of prescribing over the five-month period. Prescriptions of non-proprietary medication improved from 40% of Kardexes to 87% over the five-month period. Recording of prescriber medical registration number improved from 80% to 87% of Kardexes. Documentation of the dates of initiation and discontinuation of a medication improved from 40% to 67%. The use of appropriate patient identifiers on Kardexes improved from 93% to 100%.

Conclusion. Targeting staff across multiple domains including emails, information leaflets and education sessions resulted in consistent improvements in medication prescribing. The Mental Health Commission has since inspected the Acute Psychiatric Unit in Tallaght Hospital in 2020 and deemed it fully compliant with regulation 23 pertaining to medication prescribing.

Investigation of physician burnout and the development of symptoms of anxiety and depression: burnout in consultant doctors in Ireland study (BICDIS)

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Aims. The objectives of this study were to investigate burnout in a sample of Irish Hospital Consultants and its association with psychopathology (symptoms of depression and anxiety). We examined the effect of personality factors on the development of psychopathology in response to burnout and in relation to work-related stress among the participants.

Method. This is a cross-sectional survey, utilising validated psychometric measures. Self-reported online questionnaires were distributed to all hospital consultants registered with the Irish Hospital Consultants Association distribution list and were completed between September to December 2016. Questionnaires sought to determine demographic information; work-related characteristics; burnout related phenomena: emotional exhaustion, depersonalization, and a reduced sense of personal effectiveness (Maslach Burnout Inventory [MBI-GS]); symptoms of depression and anxiety (Depressive Anxiety Stress Scale [DASS]); and personality characteristics (Big Five Inventory [BFI-10]).

Result. A total of 477 hospital consultants (Male = 56.6%) from hospitals in Ireland took part in the study. Of those studied, 42% reported high levels of burnout. The Depression and Anxiety Stress Scale revealed that Consultants were experiencing high levels of stress symptoms but comparatively low levels of anxiety symptoms. The study population scored highest on the conscientiousness and agreeableness subscales and lowest on the neuroticism subscale. Those who scored higher in the neuroticism subtype appeared to be at an increased risk of burnout.

Conclusion. The prevalence of work-related burnout in consultants is of concern. The psychological burden of burnout is reflected in reported symptoms of stress and depression.

Personality, particularly conscientiousness and agreeableness appears to impact the development of physician burnout. Strategies that modulate the relationship between personality and burnout may be beneficial for optimal health care delivery. Further research is needed to identify appropriate short and long-term strategies to ensure physician wellbeing and optimal delivery of patient care.

Mental health training for correctional officers: a systematic review

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Aims. Mental illness amongst prison inmates is a prevailing issue across the world, as mental illnesses are overrepresented in correctional facilities when compared to community populations. Despite this, correctional officers receive little to no training on how to respond to inmates with mental illness. Implementing mental health training could improve officer knowledge, skills, and attitudes toward inmates with mental illness. This could lead to improvements in risk management, humane treatment of inmates, and interprofessional collaboration with healthcare providers. There is limited research on the educational value of inmate mental health training programs for correctional officers. As far as we are aware, there have been no prior reviews of this literature. The goal of the present study is to review this literature to explore the nature and effectiveness of correctional officer mental health training programs.

Method. Medical and criminal justice databases were searched for scientific articles describing correctional officer mental health training programs. All studies that included a measurable outcome on either correctional officer knowledge or inmate mental health were included in a final analysis. The review adhered to PRISMA guidelines for systematic reviews.

Result. Of 1492 articles identified using search terms, 11 were included in the analysis. 6 articles described mental health education programs, 2 articles described skill-specific programs, and 3 articles described suicide prevention programs. Training programs reviewed content about mental illness, practical skills, and included didactic and experiential teaching modalities. The programs led to improvements in knowledge, skills, and attitudes amongst officers. Prior mental health attitudes, knowledge, and work experience did not correlate with improvements following training. Officers were more receptive to program facilitators with correctional or lived mental health experience. Experiential teaching was preferred to didactic teaching. A decline in training improvements occurred several months after training.

Conclusion. There is limited but positive literature suggesting that structured training programs, particularly involving persons with lived experience and experiential components are beneficial. The decline in training improvements suggests need for ongoing education and systems change within correctional institutions to ensure sustainability of gains. In terms of limitations of this review, it is possible articles pertaining to correctional officer mental health training were not available on the

databases searched or some programs may not be published. Studies were also limited in their outcome measurement, with no consistent tools, and no control groups. This review can guide the development, delivery, and contribute toward best practice guidelines for future inmate mental health training programs and studies.

Exploring the views of university students with experience of common mental health disorders about support provided within primary care community settings

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Aims. To assess the impact of common mental health disorders (CMHDs) on university students' function and wellbeing. To understand the barriers to receiving adequate support for CMHDs during both adolescence and at university. To provide feedback to healthcare professionals about how young people perceive the support provided when initially seeking help for psychological distress. To explore which forms of support students find the most useful.

Method. A literature review was initially undertaken, identifying the lack of prior research in this area. The current study addressed the gap by considering the needs of students with CMHDs in the context of primary care services, with a retrospective exploration of their views about support received during adolescence. 15 semi-structured qualitative interviews were conducted with both current university students and recent graduates from across the UK, transcribed verbatim and subjected to thematic analysis. The study population included 7 men and 8 women, between the ages of 18–25 years.

Result. Five main themes emerged from the data:

The Journey to Disorder – Explored the difficulties faced by adolescents, and how these might contribute to their experience of CMHDs and their management.

Attitudes Towards Help-Seeking – Many participants had little trust in healthcare professionals as adolescents. This contributed to limited trust in university support systems as young adults.

Primary Care Support - Perceived effectiveness of General Practitioner (GP) support during adolescence in this cohort was highly variable. Although some participants described good experiences, others felt their views were ignored, with responsibility diverted to their caregivers. A lack of understanding from GPs about CMHDs in adolescents resulted in trust issues for them as young adults.

Recommendations for Change - Participants reflected on their previous and current experiences to inform suggestions for changes to tackle issue of psychological distress in adolescents.

Conclusion. Previous experiences of the care they had received when presenting with CMHDs during adolescence potentially affected the long-term wellbeing of university students and graduates; the initial support received was inconsistent with the needs of this age group. Recommendations for change included a greater emphasis on the importance of adolescent mental health education, tailoring interventions to personal growth and maturity, and ensuring primary healthcare providers are equipped with