

strategies adopted by Saudi healthcare workers to alleviate the stress related to COVID-19 pandemic.

Method. A descriptive cross-sectional study was performed in the period between September and November/2020. A sample of 381 healthcare workers (Physicians, nurses, and technicians) were recruited from King Saud Medical City (KSMC). Both Perceived Stress Scale-4 (PSS-4) and BRIEF-COPE scale were used to assess the levels of stress and the stress coping strategies, respectively. Descriptive statistics were used to analyze the healthcare workers' responses about the COVID-19 related stress and their adopted coping strategies

Result. The results of the study showed that there was a moderate to high level of COVID-19 related stress (11.64 ± 0.73) among the Saudi healthcare workers. In addition, it was found that planning (3.89 ± 0.61), positive reframing (3.69 ± 0.77), venting (3.39 ± 1.01), and emotional support (3.27 ± 0.63) were the most adopted coping strategies by the healthcare workers to overcome and reduce the stress levels

Conclusion. The study concluded that both problem-focused and emotion-focused stress coping strategies were the most commonly adopted coping strategies among Saudi healthcare workers in KSMC. The study recommends increasing the number of the healthcare workers in the KSMC, in addition to increasing the healthcare workers' knowledge, awareness and practice of the stress coping strategies, especially in crisis events, such as COVID-19 pandemic.

Psychiatric comorbidities with autism spectrum disorder in an adult clinic sample

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Aims. As part of continuity, prevalence of Autism Spectrum Disorder (ASD) is nearly the same in adults as children and is associated with other comorbid psychiatric disorders that have substantial impact on their life and complex the intervention. This study aimed to examine psychiatric comorbidity in referred adult ASD patients compared to non-ASD psychiatric patients. It has been hypothesized that comorbid psychiatric disorders were higher among patients with ASD than patients without ASD.

Method. In total, 36 adults with ASD referred in the year 2019 in a psychiatric consultation center in Dhaka city were included in the study. They were derived from the case register of the center. Similar number of age and sex-matched adult psychiatric patients without ASD were selected for comparison. All patients were referred for psychiatric consultation. Socio-demographic variables were collected from the patients' record. Diagnosis of psychiatric disorders including ASD was made by an experienced psychiatrist. It was done clinically based on all available information, examination and relevant investigations. Diagnoses were assigned according to DSM-5. Then comparisons of psychiatric disorders were made between the two patient groups.

Result. The cases were ranged from 18-41 years with the mean of 26.72 ± 6.5 years. Among them, 22 were male and 14 were female. Male-female ratio was 1.6:1. Most of the subjects received no education and were from middle income family with urban background. Mean number of comorbid psychiatric disorders was 1.92 in patients with ASD and 1.67 in patients without

ASD and the difference was significant ($P = 0.04$). Most two frequent comorbidities among ASD patients were Obsessive Compulsive Disorder (27.77%) and Major Depressive Disorder (25%) followed by Specific Phobia (19.44%), Social Phobia and Intermittent Explosive Disorder (16.67%) for each, Attention Deficit Hyperactivity Disorder (13.89%) and Conduct Disorder (11.11%). All these disorders were significantly higher than patients without ASD. Conversely, Major Depressive Disorder (30.55%) was most frequent among the patients without ASD and that was even significantly higher than patients with ASD. Other frequent disorders like Bipolar Disorder, Schizophrenia, Generalized Anxiety Disorder and Substance Related Disorder were also higher among non-ASD patients.

Conclusion. This research shows that comorbid psychiatric disorders were frequently found in patients with ASD. Subsequent broad-based studies using extensive measures of psychopathology are required to confirm these preliminary findings. Greater understanding of the presence of other psychiatric disorders in ASD patients will turn this awareness into action.

Bournewood in Belfast: who's ready?

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Aims. We aimed to determine doctors' confidence in completing capacity assessments and reports associated with new Deprivation of Liberty Safeguards (DoLS), and the impact that these would have on practice. We hypothesised that psychiatrists would have greater confidence in completing the requisite assessments and would anticipate a greater impact on practice than doctors in other specialties.

Background. On the 2nd December 2019 DoLS became the first part of the Mental Capacity Act (Northern Ireland) 2016 to be implemented, believed to apply to 7500 individuals across Northern Ireland (NI). As arguably the most significant change in mental health legislation in NI since 1986, the Department of Health commissioned training for all clinicians.

Method. We conducted a cross-sectional survey among doctors working within psychiatry, general medicine, anaesthetics and surgery in Belfast Health and Social Care Trust prior to implementation. The survey comprised seven questions with a 10-point Likert scale. Statistical analysis included Pearson's χ^2 and Spearman's rank tests.

Result. 79 doctors in psychiatry and 25 in other medical specialties completed the survey. Respondents were moderately confident in completing capacity assessments (median 6 (3-9)) and medical reports (median 5 (1-9)). Those that had completed training ($n = 86$; 83%) were significantly more confident in capacity assessment (median 7 (2-10) vs 4 (1-7); $\chi^2(18) = 36.8$, $p < 0.01$) and medical report completion (median 5 (1-9) vs 1 (1-5); $\chi^2(16) = 27.2$, $p = .04$) than those that had not ($n = 18$; 17%). Psychiatrists had greater confidence in conducting capacity assessments (median 7 (2-10)) than other doctors (median 5 (1-9); $\chi^2(9) = 18.2$, $p = 0.04$). No significant differences were observed between the two groups with respect to medical report completion, or anticipated impact on practice.

Respondents who most frequently conducted capacity assessments as part of their current practice anticipated higher degrees of impact on their individual practice ($rs = 0.51$, $p < 0.01$) and their service ($rs = 0.50$, $p < 0.01$)

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

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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

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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.