

attitudes and perceptions of parents towards child and adolescent psychiatric consultation, diagnosis and treatment.

**Method.** This study was conducted at the Child and Adolescent Psychiatry Clinic, Department of Psychiatry at a Tertiary Care Institution. Eligibility criteria comprised of parents of children and adolescents who had come for consultation. The parents were provided information of the study and those willing to participate were included in the study. A convenience sample of 100 parents was considered for the study. The parents were interviewed using a specially designed survey comprising 30 questions with Yes/No response developed by the authors for the purpose of the study. Informed consent and Institutional Ethics Committee Clearance was obtained. Data were analysed using SPSS.

**Result.** We found that the majority of parents were from urban area (72%) and mothers comprised 68%. We found that 46% of parents did not want a psychiatric diagnosis and 35 % parents felt stigmatized for seeing a psychiatrist for their child. Sixty nine percentage of parents preferred counseling as the first line of treatment and 31% preferred medicines as the first line of treatment. We found that 33 % felt additional psychological tests could be useful and 54% of parents felt brain imaging and blood tests could be useful for their child. Majority of parents expected basic improvement for their child within 1 week(32%) and expected full improvement by 1 month(82%). Fifty three percent of parents had searched online information prior to consulting and found useful information. However, 38% of the parents felt confused after reading online information and 69 % of parents were more worried about giving medications after referring online information.

**Conclusion.** Our study provides useful key insights from parent's perspective in child and adolescent psychiatric services. Implications exist for future research as well as policy perspectives on the role, attitudes and expectations of parents as vital stake holders in child and adolescent psychiatry.

### A retrospective observational study of vitamin D levels in patients within the Tameside and Glossop early intervention in psychosis team

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**Aims.** Growing evidence indicates that Vitamin D deficiency is associated with psychotic symptoms. Although evidence suggesting a causal relationship is limited, theories regarding neuro-inflammatory modulation are promising. Alternatively, deficiency may signify chronic illness or poor functioning. Nevertheless, Vitamin D levels below 50nmol/L increase the risk of osteoporosis, muscle weakness, falls and fractures, thus identification and treatment are important.

The association between Vitamin D levels in patients within the Tameside Early Intervention in Psychosis Team (EIT) was studied, hypothesising a strong correlation.

**Method.** The records of all patients in the EIT as of 01/07/2020, over the age of 16 years old (n = 183), were studied. The first Vitamin D level taken while under the EIT and the CGI scores closest to the date of this level were recorded. Vitamin D levels of 25nmol/L and under were classified as deficient, levels of 25.1 - 50nmol/L were insufficient.

**Result.** 45.90% (n = 84) of patients did not have their levels recorded. Of the 55% (n = 99) patients who had Vitamin D levels

recorded, 49.50% (n = 49) were insufficient and 22.22% (n = 22) were deficient. Therefore, only 28.28% (n = 28) had either optimal or sufficient Vitamin D levels. The majority of Vitamin D levels were taken in Autumn (36.46% n = 36).

75.76% (n = 75) of patients had both vitamin D levels and CGI scores recorded, with an average of 35.65 days between date level and score recorded. A weak negative correlation between overall CGI scores and vitamin D level was calculated, producing Spearman R Correlation Coefficient of -0.15.

**Conclusion.** Almost 3/4 of the studied patients being assessed for psychotic symptoms had either insufficient or deficient levels of Vitamin D. The correlation between symptom severity and Vitamin D level was weak however. While we cannot comment on the causality of the relationship, it appears that there is an association between our studied patient group and Vitamin D insufficiency.

The evidence to suggest that supplementation can reduce psychotic symptoms is limited however, supplementation can reduce the risk of osteoporosis and falls, therefore would improve patient care. Only 55% of the patients within the EIT had their Vitamin D levels tested. As a result of this study, the authors recommend that all patients in the EIT have their Vitamin D levels tested as part of their psychosis assessment.

The study is limited due to low numbers of patients studied and the fact that recorded CGI scores were often recorded at a later date to Vitamin D levels.

### Experiences of children who have been separated from a parent due to military deployment: a systematic review of reviews

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**Aims.** To conduct a systematic review of reviews to investigate how military deployment of a parent affects his/her child, and the extent to which the child's own perspectives have been documented.

**Background.** Lengthy but finite disruptions to parenting in any form may affect child development and mental and physical health.

Military deployment means weeks or months of separation from one parent.

2016 figures for the U.S. military showed that 40.5% of military personnel have children, and of these 1.7 million children the largest percentage are aged between 0–5 years (37.8%).

**Method.** Seven databases were searched: AMED, Web of Science, Scopus, EMBASE 1947, Joanna Briggs Institute EMP database, Ovid MEDLINE 1946 and PsycINFO 1806 from the inception of each electronic database until 31st March 2018.

Inclusion criteria:

Child and young adults aged 0–24 years

English language papers only

All papers being systematic reviews or meta-analyses

A focus on documenting the effects on child outcomes

Data extracted included the review methods and child outcomes reported, including educational attainment; physical symptoms; mental illnesses or disorders; changes to behaviours, and effects on peer and parental relationships.

**Result.** The eight reviews identified included 32 common and relevant studies.

Across the various studies, only about 20% of data came directly from children.

Five papers extracted from the reviews identified parental deployment as having a negative effect on school attainment.

Nine studies extracted from the review papers found a positive correlation between having a deployed parent and a greater chance of experiencing depressive symptoms and feelings of anxiety.

Strong correlations of increased prevalence of both externalising & internalising behaviours were conclusively found in 7 of the reviews.

Increased resilience was detailed in only one study featured in multiple reviews.

Just one study featured across the reviews reported on physiological measures - adolescents with deployed parents had higher blood pressures and significantly higher heart rates and stress scores than civilian children.

**Conclusion.** More research obtaining the viewpoint of the child directly and observation of such children is required to properly understand the effects on children with a deployed parent, without the interference of parent or teacher reporting bias. Additionally, with only one study reporting on increased offspring resilience there has been limited exploration of potential positive correlates, so further research regarding these is important.

### Landscape of childhood and adolescent depression in Pakistan: experience from a tertiary care hospital in Karachi, Pakistan

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**Aims.** Depression is highly prevalent in children and adolescents in Pakistan, yet, factors affecting depression have not been widely studied. This study aims to assess the demographic and clinical characteristics of depression in children and adolescents and identify associations between parental marital status and confounding factors for depression.

**Method.** A descriptive retrospective study was undertaken at the Aga Khan University Hospital in Karachi, Pakistan. Patient records of children and adolescents (aged under 18 years), presenting to the psychiatry clinic with depression from 2015-2019 were reviewed. The diagnosis of clinical depression was made based on clinical assessment according to international guidelines. Patients whose medical records had missing information were excluded. Data were analysed using IBM SPSS Statistics for Windows, version 23.0 (IBM Corp., Armonk, N.Y., USA). Continuous data are presented as mean  $\pm$  standard deviation, whereas categorical data are presented as percentages (%). Pearson Chi-square test of association has been used to assess the association between parental factors and confounding factors. In instances where Pearson's Chi-square test could not be applied, Fisher's exact test is used instead. Associations at  $p < 0.05$  (95% confidence limit) are considered statistically significant.

**Result.** A total of 133 participants were included, of which 78 (58.6%) were female, and 55 (41.4%) were male, with a mean age of 15.5  $\pm$  2.4 (Range: Ages 4-18). The population had a 50.4% prevalence of suicidal ideation, 21.1% of self-harm, 15% of substance abuse and 14.3% of suicide attempts. Academic stress (54.9%), inter-parental conflict (30.1%) and child abuse (29.3%) were the most common confounding factors reported. Other confounding factors include a family history of depression (20.3%), experience of bullying

(16.5%) witnessing domestic violence (16.5%), substance abuse (15.0%) and experiencing sexual abuse (6.0%). There is a statistically significant association between children having parents with non-intact marriages and experiencing sexual abuse ( $p < 0.001$ , Odds Ratio (OR) = 21.48), having a family history of depression ( $p < 0.001$ , OR = 7.04), child abuse (OR = 3.78). Children of non-traditional (not living with both parents) families were more likely to witness domestic violence ( $p < 0.001$ , OR = 4.28), have a family history of depression ( $p < 0.001$ , OR = 3.44), abuse substances (OR = 3.20) and experience child abuse (OR = 2.48).

**Conclusion.** This study identifies factors that may put children at an increased risk of developing depression and performing high-risk behaviours. The findings can help develop better screening programs and counselling for children and adolescents, allowing prevention and ensuring early diagnosis and care.

### Survey of remote consultations in psychiatry during the SARS-CoV-2 outbreak

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**Aims.** To compare the usage of remote consultations before and after the first wave of the SARS-CoV-2 outbreak and explore mental health workers' views on the usage of telemedicine.

**Method.** An online questionnaire survey was developed, and disseminated to mental healthcare professionals via e-mail and social media. Quantitative data were analysed using descriptive statistics and qualitative data were analysed using Braun and Clarke's six step procedure for thematic analysis.

**Result.** There were 40 responses from mental healthcare professionals of varying grades from different sub-specialties, predominantly from the UK. Compared to before the SARS-CoV-2 outbreak, there was an increase in usage of telephone (9(22.5% to 29(72.5%)) and video consultations (4(10%) to 17(42.5%)). Respondents reported an increase in virtual MDTs (35(87.5%) during the pandemic, 9(22.5%) pre-pandemic).

Based on a 5-point Likert scale, the mean technical quality of telephone consultations was 3.56/5 (Range 2-5), with 75% rating telephone consultations as not being as good as face-to-face consultations. The mean technical quality of video consultations was 3.58/5 (Range 2-5), with 63% rating video consultations as not being as good as face-to-face consultations. 25 (62.5%) respondents felt comfortable using telephone consultations during the pandemic, 20(50%) felt comfortable using video consultations. Recurring themes identified from the qualitative data regarding reasons for the technical quality ratings were: connection issues, poor infrastructure and security concerns.

Nine (23%) respondents felt that using video conferencing consultations had a detrimental impact on the mental health of patients while 14(35%) felt that telephone consultations had a detrimental impact on patients' mental health. Recurring themes for health practitioners' perceived effect of the use of telemedicine on patients' mental health were the loss of personal touch and reduced patient engagement.

**Conclusion.** There was a substantial increase in usage of remote consultations during the first wave of the SARS-CoV-2 pandemic among mental healthcare professionals. The results reported in the present study suggest there are numerous barriers to the use of telemedicine in psychiatry, which require future exploration, ideally through interview or ethnographic studies.