

in the UK, were compared to the same period in 2019. The demographics of patients, along with the nature, severity and outcomes of the self-injury were recorded and compared.

Result. The number of patients referred for self-injury reduced by 22.9% during lockdown (2020: N = 42/109, 2019: 67/109)

The most common attendance route was via ambulance during lockdown (2020:40.5% 2019: 31.3%) whilst the most common attendance route being via the front door in 2019 (2019: 35.8%, 2020: 26.2%)

The number of new presentations with no prior history of self-injury was higher in lockdown 38.1%) compared to 2019 26.9%.

The lockdown cohort had a smaller proportion of patients presenting with complications (2020: 9.5% vs 2019: 17.9%), less readmitted (2020: 11.9% vs 2019: 23.9%). Similar re-attendance rate (2020: 40.3% vs 2019: 38.1%) and re-intervention (2020: 13.4% vs 2019: 14.3%).

A greater proportion in 2020 met the threshold for inpatient psychiatry input (2020: 52.4% vs 2019: 41.8%).

During the lockdown, a higher percentage of flexor tendon injuries involved multiple tendons (60.0% vs 52.2%). A higher percentage of extensor tendon injuries (14.3% vs 7.4%), and a greater proportion of these also involved multiple tendons (66.7% vs 40.0%). More self-injuries were complicated by fractures (7.1% vs 4.5%) and more required soft tissue reconstruction (11.9% vs 3.0%).

Conclusion. Despite fewer patients presenting with self-injury during the 2020 lockdown, the injuries were more severe. Many of which had multiple structural injuries, and some with life-changing injuries, this is in line with our clinical observations.

During lockdown there was a higher proportion of first-time presentations without a history of self-injury and an increased need for inpatient psychiatry input. This may reflect the impact on mental health as a result of restricted social interactions.

These findings demonstrate the impact of lockdown on mental-health and may help inform medical services of potential changes in the presentations in future national social restrictions.

Growing pains: a scoping literature review of how perinatal psychiatry was impacted by COVID-19

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Aims. This scoping review aims to assess the impact of COVID-19 on the field of Perinatal Psychiatry and identify any innovations made as a result of this.

Background. The World Health Organisation declared the COVID-19 outbreak a global pandemic on March 11th 2020. This pandemic has transformed the way in which Perinatal Psychiatric services are delivered in the United Kingdom and countries across the globe acting as a catalyst for innovation.

Method. The databases searched for peer reviewed literature written since December 2019 were: PsychINFO, MEDLINE, EMBASE, CINAHL and PUBMED. Search strategy key words were: COVID-19, SARS-CoV-2, perinatal psychiatry and maternal mental health. Arksey and O'Malley's framework was utilised. Data were collated and summarized thematically.

Result. 42 studies met the inclusion criteria. The aforementioned studies included data from over 60,000 women from the following countries: China, Italy, Netherlands, United States, United Kingdom, Brazil, India, Spain, Ireland, Norway, Switzerland, Iran, Japan and Nepal. Literature clearly indicates that during the pandemic there was an increase in depression and anxiety. Risk factors included: financial insecurity, disrupted antenatal

care, isolation, poor physical health and domestic violence. Evidence also suggested COVID-19 stressors impacted feeding practices and infant development as cytokines pass from mother to baby.

Perinatal Psychiatry services have adopted social media apps to provide antenatal information, teleconsultations, smartphone-based cognitive-behavioral therapy (iCBT) programs and increased utilisation of screening tools such as the Pandemic-Related Pregnancy Stress Scale (PREPS), the Edinburgh Postnatal Depression Scale (EPDS) and the Postpartum Specific Anxiety Scale.

Conclusion. Whilst this review features literature centred on women from across the globe African women are underrepresented. This should be addressed in future studies. This review shows that the COVID-19 pandemic has impacted maternal mental health and acted as a catalyst for innovation. It is essential that efforts are made to support women during pregnancy and the perinatal period now more than ever.

Skin Deep? : A scoping literature review of the psychological impact of Acne Vulgaris on patients and the role of the Psychiatrist

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Aims. This literature review aims to assess existing scientific literature on the psychological impact of Acne Vulgaris on adolescents and adults and the role that Psychiatrists can play in supporting these patients. The hypothesis of this literature review is that all patients with Acne Vulgaris should have their quality of life assessed in order to identify those who require additional support.

Background. The link between Psychiatry and Dermatology is becoming increasingly recognised. Resources on the British Association of Dermatologists' website are often distributed to patients by Dermatologists in order to assess the impact that a skin condition has had on a patient's life. Acne Vulgaris is a psychophysiological skin condition that impacts up to 95% of people to some extent from the ages of 11 to 30 years old. Due to its prevalence it is essential that the psychological burden of Acne Vulgaris on patients is understood.

Method. Literature written since 2011 was searched identified from: PsychINFO, MEDLINE, EMBASE, CINAHL and PUBMED. The search strategy key words were: acne vulgaris, mental health, psychiatry, anxiety and depression. Arksey and O'Malley's framework was utilised to conduct a scoping literature review. Data were collated and summarized thematically.

Result. A total of 72 studies were included representing over 14,000 adults and adolescents with Acne Vulgaris from the following countries: Egypt, Nigeria, Turkey, India, Lithuania, UK, USA, Iran, Pakistan and Spain.

Screening tools such as the Global Acne Grading System (GAGS), The Acne Quality of Life Scale (AQLS), the Cardiff Acne Disability Index (CADI), and the State Trait Anxiety Index STAI (Y-1) form were utilised in order to identify the impact of Acne Vulgaris on patients' quality of life and mental health. The data clearly showed the significant psychological burden that patients with Acne Vulgaris can experience. There was a clear trend of low self-esteem, lack of self-confidence, social withdrawal, depression (ranging from 23.1% to 62% of study participants), anxiety (ranging from 38.4% to 51%) and even suicidal ideation (ranging from 12.9% to 20.1%). Literature also

suggested a higher prevalence of Body Dysmorphic Disorder in patients with Acne Vulgaris which should be considered and screened for.

Conclusion. This scoping literature review has highlighted the significant psychological burdensome acne patients can experience. Given the prevalence of the condition Psychiatrists do have a role in working with Dermatologists to ensure appropriate screening tools are utilised and patients are able to access appropriate support.

Factors associated with mental health outcomes among medical residents exposed to COVID-19

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Aims. The aims of our study were to assess and to examine i. the psychological impact of the COVID-19 pandemic on medical residents working on the front and second line, ii. the association between coping strategies, resilience and optimism and different mental health outcomes like stress, anxiety, and depression among the medical residents' workers during the COVID-19 pandemic, and iii. the coping strategies used on the same sample with consideration of different factors like seniority, frontliner, gender and coping style.

Method. An electronic survey was sent to all medical residents in Qatar. Depression, anxiety and stress were assessed by the Depression, Anxiety and Stress Scale – 21 Items. Professional quality of life was measured by the Professional Quality of Life measure. The coping mechanisms were assessed with the Brief-COPE, resilience by the Brief Resilience Scale, and optimism by the Revised Life Orientation Test (LOT-R).

Result. Of the 640 medical residents contacted, 127 (20%) responded. A considerable proportion of residents reported symptoms of depression (42.5%), anxiety (41.7%) and stress (30.7%). Multivariate analysis of variance showed significant effects of seniority in residency, with junior residents having poorer outcomes. In addition, there was a statistically significant interaction effect with moderate effect sizes between gender and working on the front line, as well as gender, working on the front line and seniority, on mental health outcomes. The most commonly used coping strategies were acceptance, religion, and active coping. The least reported coping strategies were substance use and denial. Avoidant coping style scores were higher among junior residents ($p = .032$) and non-COVID-19 frontliners ($p = .039$). Optimism LOT-R score was higher in senior than in junior residents ($p < .001$). Another important finding is that optimism and resilience were associated with better mental health outcomes. In addition, we find that avoidant coping style is highly associated with depression.

Conclusion. The COVID-19 pandemic may have a negative impact on junior residents' mental health. Preventive measures to reduce stress levels and easy access to professional mental health services are crucial. This study also raises awareness among residency programs on the psychological and coping responses and strategies of medical residents.

GP Trainees' perceptions and experiences of the training placement in Psychiatry - A qualitative study

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Aims. This qualitative study aims to explore the leaning needs of the GP trainees for their psychiatry placements.

Method. In this qualitative study, semi-structured interviews of eight former GP trainees were conducted. Data were transcribed and analysed using thematic analysis. Triangulation through multiple analysts" was used to improve the validity of the study

Result. This study identified six key areas of learning needs for GP trainees during their psychiatry placement. i) the on-call experience which enabled the participants to learn how to manage acutely unwell patients in psychiatry, ii) learning the self-harm and suicidal risk assessment which is an important skill for a GP practising in primary care, iii) training in relation to psychiatric medication which enabled GPs to prescribe more confidently in the community, iv) exposure to the community psychiatry which was helpful in getting exposure to community-based clinical practice, v) learning from formal teaching activities which can be tailored to cover the relevant primary care related clinical topics and finally, vi) getting the opportunity to improve the communications skills during the psychiatry placement which is useful for all doctor in training.

Conclusion. We recommend that detailed induction of the service setup is required before GP trainees start on-calls and a well-defined support network should be provided and explained to the training doctors. Risk assessment teaching should be delivered by formal training, regular supervision and discussions. Training on psychiatric medication especially in the context of GP prescribing should be considered as part of formal teaching experience. Opportunities to work with community mental health teams and outpatient clinics should be generated and offered to the trainees. Formal teaching sessions should be set up with an understanding of the GP training curriculum and their learning needs. Improvement of communications skills with exposure to difficult communication scenarios under supervision during psychiatric placement should be identified as an important area of learning for the GP trainees.

Psychological impact of COVID-19 pandemic on frontline health care workers in Bangladesh: A cross-sectional study

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Aims. Frontline health care workers exposed to COVID-19 patients could be at increased risk of developing psychological issues. The study aimed to estimate the prevalence of mental health-related problems, specifically depression, anxiety, post-traumatic stress disorder (PTSD), and insomnia among health care professionals during the COVID-19 pandemic in Bangladesh and to compare these between medical and allied health care professionals.