

psoriasis and atopic dermatitis in order to increase effectiveness of dermatological treatment.

Method. 59 patients with atopic dermatitis, 67 with psoriasis and 65 healthy control group individuals were included in the cross-sectional study. Predominant complaints of the patients: itching, widespread rashes and rashes on the open areas of the skin. In 85% patients with skin pathology onset of the disease and relapses were associated with stress, in 15% other factors.

“The 20-item Toronto Alexithymia Scale” was used to assess alexithymia. “The Ways of Coping Checklist, Lazarus” was used to assess coping-strategies. “The Holmes and Rage Stress Inventory” was used to assess stress contribution to illness. Significance level: $p < 0,05$.

Result. The levels of alexithymia ($p = 0.002$), difficulty identifying feelings subscale ($p = 0.02$) and externally-oriented thinking subscale ($p = 0.002$) in patients with skin pathology (especially in those with psoriasis) were higher than in the control group.

Patients with skin pathology turned out to be more susceptible to stress factors ($p = 0.025$) and less often use coping strategy “seeking social support” ($p = 0.037$).

Patients with skin pathology with high levels of alexithymia and difficulty identifying feelings subscale more likely to use maladaptive “escape-avoidance” coping ($p = 0.001$).

Patients with atopic dermatitis who find difficult to describe feelings are more likely to use maladaptive coping “distancing” ($p = 0.002$).

In patients with psoriasis high levels of alexithymia and externally-oriented thinking subscale scores are associated with less common use of the adaptive coping “problem solving” ($p = 0.001$). Moreover, in patients with psoriasis high levels of difficulty identifying feelings subscale are associated with more common use of maladaptive “escape-avoidance” coping ($p = 0.001$).

Conclusion. The results of the study confirm the need to include psychological assessment and psychotherapy in the treatment plan for patients with psoriasis and atopic dermatitis in order to improve emotional awareness and to develop more adaptive coping-strategies in patients.

Predicting risks of physical health deterioration in a place of safety

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Aims. Healthcare triage for those subject to section 136 powers (MHA 1983/2007) remains challenging. Camden and Islington NHS Foundation Trust opened a dedicated Health-Based Place of Safety (HBPOS) in 2020, situated separately from an emergency department (ED). There was concern that this may lead to physical health problems going unrecognised. We aimed to design a simple, efficient algorithm to be used by non-medically-trained staff to identify those who are subject to s.136 powers who would benefit from medical clearance before being admitted to the HBPOS

Method. We chaired a consensus meeting with nursing staff, police and emergency medicine consultants when designing the algorithm. Case notes of those presenting under s.136 to the POS over 1 calendar-month in 2019 were reviewed, and the proportion of those who the algorithm would have diverted for medical clearance was calculated. We then reviewed the proportion of cases sent for medical clearance during a single calendar month in

2020, after the HBPOS had opened, to see whether there was a significant difference.

Result. 37 patients were admitted to the ED-based POS in July 2019, of which 36 records were analysed. 9 patients (25%) were referred for medical clearance, with 2 (6%) requiring medical admission. 8.6% were identified as needing medical clearance when the algorithm was applied retrospectively (positive predictive value 66%, negative predictive value = 79%).

Review of records over 1 calendar-month after the HBPOS was established showed 30.6% of patients had been diverted for medical clearance prior to entering the HBPOS. Of the 65 patients, 1 (2%) required transfer to ED within 48 hours of entry. No statistical difference in the proportion of patients sent for medical clearance was observed since the formation of the HBPOS away from the ED (Chi-squared = 0.549, $p = 0.458$), suggesting the algorithm successfully identified those patients who needed medical clearance prior to admission.

We observed high rates of intoxication amongst those admitted (30–40%).

Conclusion. The algorithm showed high specificity and negative predictive value, allowing for a degree of confidence when admitting those deemed at low-risk of physical deterioration, though it does not eliminate the need for clinical judgement. Interpretation of the results is complicated by the COVID19 pandemic in 2020, which was not accounted for in the algorithm, which possibly led to deviations from the algorithm in real-world clinical practice.

Reflections on a person’s experience of mental illness: an innovative teaching pilot for second-year medical students

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Aims. We sought to develop a teaching pilot to help year 2 medical students meet the following learning outcomes: Develop a better understanding of patient and carer experiences of mental illness; Recognise and challenge unhelpful attitudes towards people with mental illness; Promote a broader understanding of cultural issues surrounding mental illness, including stigma and discrimination.

Method. 337 medical students were invited to attend a lecture by author LQ, a documentary photographer who presented a narrative of his brother Justin’s lived experience of schizophrenia (louisquail.com/big-brother-introduction). 197 students attended the session, which was recorded and made available online. Students were invited to enter a competition to win a signed copy of LQ’s book, ‘Big Brother’ and asked to submit either a 500-word written reflective piece, or a creative work accompanied by a 200-word statement. 13 submissions were received, including paintings, drawings, collage, photography, and poetry, all of which were blind rated by authors SR and GB, based on originality and quality of reflection. Of the six shortlisted, three winning entries were chosen by author LQ.

Result. All reflections moved away from a technical understanding of schizophrenia, towards person-centred interpretations, with dominant themes of ‘stigma’, ‘disempowerment’, ‘understanding people as individuals’, ‘subjective experience of mental illness’, ‘inclusion’ and ‘healing power of nature’.

The three prize winners (authors GY, AK and KT) used different mediums: GY painted an osprey over a chaotic collage of disordered and stigmatizing words (the osprey representing empowerment and the “reservoir for wellbeing in nature”); AK’s sonnet began as an ode to the chaos of Justin’s experience, but the concluding lines reframed this struggle, conveying feelings of hope and beauty; and KT’s self-portrait, produced with a slow shutter-speed photograph, powerfully conveyed a sense of disorientation and disturbance. She reflected on how the stigma of mental illness affects self-perception. The talk was well-attended, and reflections were of high quality. A limitation of this pilot was that only a small proportion of students completed the reflective assignment.

Conclusion. Innovative teaching strategies are needed to address negative attitudes towards mental illness and psychiatry, which are prevalent amongst the medical profession. This pilot provides a model for combining carer-led, reflective, and creative elements in undergraduate psychiatry teaching, with the aim of challenging stigma. This model will be evaluated in a further study involving fifth year medical students, which will use a validated scale to measure change in students’ attitudes towards mental illness and psychiatry.

An audit on consent to treatment within forensic inpatient units at the Newsam Centre

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Aims. We aimed to investigate the adherence to the Mental Health Act Code of Practice and the adequate documentation of consent to treatment across three forensic low secure inpatient units.

Method. Our sample included all inpatients detained on three forensic wards at The Newsam Centre. This included a total of 31 patients with an age range of 25 to 59 years. The Mental Health Act Code of Practice was used as criteria for audit standards. Data were collected using Microsoft Excel and analysed using descriptive methods.

Result. We found that 28 patients out of 31 had been admitted for over three months and of these patients 12 were subject to a T2 and 16 subject to a T3. A total of 24 patients had their CTT medication list documented on the online drug chart; with a remaining seven patients who did not. As per guidelines, 27 patients had the appropriate medications prescribed as per their CTT, however one patient did not. The audit revealed a total of two patients currently on a Section 62. Of the qualifying T3 forms, four patients had this reviewed every two years whilst there was one patient who had not.

Conclusion. We found that the adherence to Mental Health Act Code of Practice was overall positive with the majority of service users being reviewed appropriately and documented as per guidance. However, areas identified for improvement included the recording of CTT on online drug charts as well as reviewing T3 every two years. This audit highlights the need for easy access to guidance, appropriate documentation as well as frequent checking of adherence. A leaflet has been created outlining the guidelines and will be distributed to all staff working within the forensic settings and placed in easily accessible locations. As

further recommendations from this audit we advise all wards to plan weekly checks during team meetings to ensure information is up to date and that all staff are aware of any discrepancies. A re-audit is planned in the coming months to re-assess adherence after implementation of the interventions.

Comorbidity of self-harm and disordered eating in young people: evidence from a UK population-based cohort

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Aims. Self-harm and eating disorders are often comorbid in clinical samples but their co-occurrence in the general population is unclear. Given that only a small proportion of individuals who self-harm or have disordered eating present to clinical services, and that both self-harm and eating disorders are associated with substantial morbidity and mortality, we aimed to study these behaviours at a population level.

Method. We assessed the co-occurrence of self-harm and disordered eating behaviours in 3384 females and 2326 males from a UK population-based cohort: the Avon Longitudinal Study of Parents and Children (ALSPAC). Participants reported on their self-harm and disordered eating behaviours (fasting, purging, binge-eating and excessive exercise) in the last year via questionnaire at 16 and 24 years. At each age we assessed how many individuals who self-harm also reported disordered eating, and how many individuals with disordered eating also reported self-harm.

Result. We found high comorbidity of self-harm and disordered eating. Almost two-thirds of 16-year-old females, and two-in-five 24-year-old males who self-harmed also reported some form of disordered eating. Young people with disordered eating reported higher levels of self-harm at both ages compared to those without disordered eating.

Conclusion. As self-harm and disordered eating commonly co-occur in young people in the general population, it is important to screen for both sets of difficulties to provide appropriate treatment.

Exploring the relationship between anxiety, depression and wellbeing in doctors: a national cross-sectional survey and interviews

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