

**Aims.** Early interventions are recommended in adolescents to prevent long-term psychiatric morbidity. However, in Low and Middle Income Countries (LMICs), where there are no child and adolescent mental health services, early identification of adolescents at-risk of mental health problems remains a challenge. Pediatric Symptoms Checklist (PSC) is used in preventive child healthcare services in a number of high income countries for early identification of children and adolescents in need of mental health services. The aim of this study was to assess the reliability and validity of self-rated, Urdu version of PSC to identify at-risk adolescents studying in the public schools of rural Rawalpindi in Pakistan.

**Method.** We did a cross-sectional epidemiological survey with all adolescents aged 13–15 years, studying in 41 public schools of Kallar Syedan sub-district in Rawalpindi, Pakistan. An adapted Urdu version of self-reported PSC was used to assess the psychosocial distress in adolescents in-terms of externalizing, internalizing and attention problems. Strengths and Difficulties Questionnaire (SDQ) was used as a gold standard measure. Youth version of PSC and SDQ were administered in classroom settings by trained research teams.

**Result.** The data were collected from 5856 adolescents (response rate 97%) between April-May, 2019. The mean age of the participants was 14.37 years ( $\pm 1.06$ ); 51% participants were female. The internal consistency reliability of Urdu version of PSC was good (Cronbach alpha 0.85). At the standard cut-off score of PSC  $\geq 28$ , the prevalence rate of psychosocial distress in adolescents was 25.5% (27.4% in boys & 23.6% in girls). Using the SDQ total difficulties score  $\geq 16$  as a standard criterion; the area under the ROC curve was 0.85 (95% CI 0.82–0.88), with a sensitivity of 57.64% and specificity of 89.10% of PSC. If the sensitivity and specificity of PSC is optimized to 76% at the cut-off score of PSC  $\geq 24$ , the prevalence rates of psychosocial distress in adolescents is increased to 41%.

**Conclusion.** In our study, 1 in 4 adolescents in public schools of rural Rawalpindi in Pakistan have been identified at-risk of poor socio-emotional development. Urdu version of PSC is a reliable and valid tool to identify adolescents in need of psychosocial interventions in public schools of rural Pakistan. While the standard cut-off score yields a better specificity; PSC with relatively lower cutoff score can be used a screening tool to identify at-risk adolescents in public schools of rural Pakistan.

## A UK-wide survey of Balint, support groups and psychotherapy training opportunities for SAS (Specialty Doctors and Associate Specialists) Psychiatrists

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**Aims.** To investigate SAS Psychiatrists' opportunities for Balint-type, support groups and psychotherapy training opportunities nationwide, for which there is a lack of existing literature or established framework.

**Method.** An online questionnaire was sent to UK-wide SAS psychiatry doctors with the support of the RCPsych Specialty Doctors and Associate Specialist Psychiatrists Committee (SASC). The survey enquired about location, work experience, future plans, Balint-type groups, psychotherapy opportunities and support.

**Result.** 122 doctors completed the questionnaire, estimated to constitute approximately 8% of SAS psychiatry posts (or more if

considering all vacancies), based on the RCPsych Census (2015), from across all UK nations. Time spent in an SAS role varied widely between months (10%) to over 20 years (5%), with the median and mode being 8–12 years (25%). Regarding future career plans 61% responded that they would be considering either the Certificate of Eligibility for Specialist Registration (CESR) route, or applying for future training or both.

24% reported being part of a Balint-type group whilst almost double this number (47%) said they would be interested to join but none were available. 31% were part of a reflective practice or support group whilst 44% reported that they were interested in joining but none were available. Only 7% said that they were not participating or not interested in either a Balint group or a reflective group. Free-response comments suggested these opportunities were usually reserved for trainees and service commitments prevented attendance.

76% of respondents reported access to an SAS Tutor, but only 21% confirmed access to a psychotherapy tutor.

Half of respondents indicated they did not have access to information and guidance they needed regarding accessing psychotherapy opportunities, with only 27% thinking they did.

24% reported managing to gain experience in at least one psychotherapeutic modality, 44% of whom received medical psychotherapist supervision; whilst 13% said they did not intend to pursue this.

**Conclusion.** The results highlight that interest in joining Balint and reflective support groups significantly exceeds local provision. As these groups are not mandatory requirements for CESR application, the interest expressed (including amongst those reporting to be SAS by choice) suggests that SAS Psychiatrists value these opportunities for their recognised professional developmental and clinical benefits; these include peer support, understanding doctor-patient interactions and having a space to reflect on the emotional impact of clinical work. Trusts should consider supporting SAS doctors wishing to join new or existing Balint-type or other supportive reflective clinician groups.

## Sociodemographic, clinical and personal characteristics of patients with borderline personality disorder in a public general hospital in Lima, Peru during the first wave of the COVID-19 pandemic

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**Aims.** To describe the main characteristics of adolescent and adult patients with Borderline Personality Disorder (BPD) treated in Emergency and Hospitalization services of Villa El Salvador Emergency Hospital during the first wave of the COVID-19 pandemic in Lima, Peru.

**Method.** An analysis of 17 cases of patients with BPD according to DSM 5 criteria was carried out in SISGALEN PLUS software database that have been evaluated in the Emergency and Hospitalization areas during the first wave of the COVID-19 pandemic. Sociodemographic, clinical and personal variables were taken into account. A descriptive analysis of frequencies and proportions was carried out in SPSS 24.0 software.

**Result.** Regarding sociodemographic variables, the average age was 27.47 (SD = 11.242), 82.4% single, 88.2% female, 52.9% from Villa El Salvador, 82.4% Catholics, 76.5% have completed secondary school and 47.1% were housewives. For clinical variables, 64.7%

located in the Emergency Service, 58.8% had no current diagnosis of COVID-19, 64.7% without medical comorbidity, 35.3% without psychiatric comorbidity, 52.9% with suicide attempt as the main reason for consultation, 52.9% without regular use of medications, 88.2% with psychopharmacological treatment; 70.6% received a psychiatric interview intervention; Regarding symptoms, all presented interpersonal problems, impulsivity, emotional instability and inappropriate anger, while 58.8% had alteration of identity and 94.1% had suicidality. For personal variables, 82.4% had no family history, 88.2% had no history of abuse or trauma, 52.9% had a history of substance use, and 88.2% had no previous hospitalizations.

**Conclusion.** The most of patients with BPD were young adults, women, single, from Villa El Salvador, catholics, completed secondary school, housewives, from Emergency, no diagnosis of COVID-19, without medical or psychiatric comorbidity, consulted for suicide attempt, without habitual use of medications, with indicated psychopharmacological treatment, a psychiatric interview was conducted, they had active symptoms, history of substance use and no family history, abuse or hospitalizations.

### Triple chronotherapy for the rapid treatment and maintenance of response in depressed outpatients: a feasibility and pilot randomised controlled trial

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**Aims.** Triple chronotherapy (defined as sleep deprivation for 36 hours, followed by 4 days of advancing the time of sleep, together with daily morning bright light therapy for 6 months) has demonstrated benefits for the rapid treatment of depressive symptoms in 4 small, controlled trials of in-patients. Our aims were to test the feasibility of recruitment and delivery of triple chronotherapy for out-patients with depression.

**Method.** In a single blind trial, 82 participants were randomised to either triple chronotherapy or a control intervention. The primary outcome was Hamilton Depression Rating Scale 6 item (HAM-D6) at 1 week. Timings of observer ratings were baseline; 1 week; 2 weeks; 4 weeks; 8 weeks and 26 weeks after randomisation. Triple chronotherapy consisted of (a) Total sleep deprivation for 36 hours. On Day 1 patients were supported in a small group to stay awake at night with an occupational therapist, (b) Phase Advance of Sleep over 4 days. Phase Advance began after the first night of sleep deprivation, when they left the hospital at about 8am and were asked to go to bed earlier at about 5pm and rise at about 1am. Their sleep and wake up times were then shifted 2 hours later on each of the following three days until they attained their usual bedtime again at about 11pm. As a control for the triple chronotherapy, participants were given psychoeducation and written information on sleep hygiene. They were also given SomniLight amber light daily for 1 week in the morning.

**Result.** Participants in the triple chronotherapy group were able to stay awake for the planned thirty-six hours and 89.9% adhered to the plan of phase advance of their sleep over the following 4 days. We achieved our recruitment target with 60 participants

having completed the trial within 13 months. There were no reported adverse side effects. We explored outcomes and found a significant difference between the groups for the HAM-D6 at week 1, 8 and 26. Response (> 50% reduction in symptoms) was achieved by 52% in the triple chronotherapy group compared to 18% in the control group at week 1. This gradually increased to 70% achieving response in the triple chronotherapy group at week 26 compared to 22% in the control group.

**Conclusion.** Triple chronotherapy produced a significant and rapid benefit after 1 week in out-patients with depression that was sustained at 26 weeks. Further cost-effective trials with a larger clinical sample size are required.

### Audit on the monitoring of metabolic side effects of antipsychotics in acute inpatient psychiatric units at Fieldhead Hospital

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**Aims.** The current audit aims to assess the compliance with Prescribing Observatory for Mental Health (POMH-UK) guidance on monitoring of metabolic side effects of patients prescribed antipsychotics. Compliance was monitored to ensure that all patients prescribed continuing antipsychotics have their body mass index (BMI), blood pressure, blood glucose and lipids checked within the expected time limits of minimum once per year.

**Background.** Patients diagnosed with Schizophrenia rank amongst the worst of chronic medical illnesses in terms of quality of life. This may in part be due to the use of long term antipsychotic medications, in particular the use of atypical antipsychotics which have been increasingly associated with metabolic side effects including hypertension, weight gain, glucose intolerance and dyslipidaemia. These side effects are related to the development of both diabetes mellitus and cardiovascular disease and can lead to increased mortality and morbidity, affecting compliance and engagement to healthcare services. Despite the availability of clinical guidelines, monitoring and screening of metabolic side effects in patients prescribed antipsychotics continues to be suboptimal.

**Method.** The audit involved a review of electronic records relating to physical health monitoring of patients at two acute inpatient units from January-March 2019. Demographic and clinical variables were collected which included ethnicity, diagnostic grouping as well as current medications. Data were collected on evidence of screening for hypertension, BMI, blood glucose and lipids. Descriptive statistics were applied to study the clinical features of the sample and examine whether performance met clinical practice standard.

**Result.** The audit overall demonstrated partial compliance with POMH-UK guidelines with a total of 31 patients admitted on long term antipsychotics. Of these patients, 86% were prescribed atypical antipsychotics with 14% prescribed typical antipsychotics. Screening only occurred in 68% of patients for lipid profile with only 71% for BMI and 74% for blood glucose. Blood pressure had the highest compliance rate of 87% of patients being screened.

**Conclusion.** Early identification and monitoring of complications from metabolic syndrome may decrease the risk of more serious health outcomes and improve patients' quality of life. However in clinical practice, standards are not always met in accordance with best practice recommendations. Requirement of a tailored guideline for physical health monitoring with weekly planned interventions as well as adequate training and awareness of